OTA Initial Review of
The Report of the National Review of
Mental Health Programmes and Services

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Reference
INTRODUCTION

Occupational Therapists work in an extensive range of Mental Health Programmes and Services across a breadth of roles. The Report of the National Review of Mental Health Programmes and Services, released in April 2015, highlights key findings and recommendations about mental health programs and services in Australia and these are pertinent to OT practice. This brief initial review has been prepared for members. The series of reports and complete list of the Commission's publications is available from the OTA website and all volumes can be downloaded from [http://www.mentalhealthcommission.gov.au/](http://www.mentalhealthcommission.gov.au/).

The National Mental Health Strategy has guided Mental Health reform since 1992. This Report of the National Review of Mental Health Programmes and Services (to be referred to as the Report) relates to the most recent review of our country’s mental health system. Many individuals, representative bodies and organisations, including Occupational Therapists and Occupational Therapy Australia, have contributed to this phase of the process which commenced 18 months ago.

The Report is clear: mental health providers need to demonstrate the appropriate use of outcome measures and the application of and generation of the evidence. It is vital that Occupational Therapists in mental health demonstrate that they are working in the most effective way, within the available resources; are achieving desired outcomes; working with people to realise goals that make a difference in their lives and sharing and building our practice based evidence.

While the purpose of the Government report is to provide an overview of the already identified issues and challenges (rather than an invitation for feedback), it will lead to further policy consultations post-budget as the government seeks to implement the recommendations outlined.

This document serves as a member-only review of the principles and recommendations in the Government’s report. We will seek feedback and input from SIGs and members that will further shape this document and in turn our future responses to the government as it seeks to implement its findings through policies and funding post Budget 2015-16.

Whilst there is currently no lobbying opportunity around the process, OTA is seeking to be prepared by undertaking a process of consultation to form the basis of future Lobbying and Advocacy activities.

CONTEXT

Occupational Therapists work in a variety of mental health areas including but not limited to acute, community, education, public, private, not for profit, ageing and disability. Increasingly, Occupational Therapists are working in emerging areas of practice.

For example, there are over 850 Occupational Therapists who are endorsed to work within the Commonwealth Government’s Better Access to Mental Health (BAMH) program, which supports people who have mild to moderate mental health difficulties who previously would not have had any access to affordable mental health care unless they deteriorated to crisis point.
Occupational Therapy Australia has had significant input into the Commonwealth Government’s review of Mental Health services. There is a strong synergy between the values evident in this report and Occupational Therapy practice. As a profession we contribute to the ongoing development and improvement of Mental Health Services and how they are delivered.

- The primary goal of occupational therapy is to enable people to participate in the activities of everyday life;
- Occupational therapy is a client-centred health profession concerned with promoting health and well-being through occupation
- Occupational therapists achieve this outcome, by working with people, systems, communities and within the environment to facilitate engagement in the occupations people want, need, or are expected to do.

**GUIDING PRINCIPLES**

The guiding principles in the Government’s report are consistent with the ethos of occupational therapy.

**Person centred approach**

The report endorses a person centred approach to mental health, which underpins occupational therapy practice. Occupational Therapists support the concept and practice of the individual being at the centre of the service planning and delivery approach.

We work to enable people to access systems and resources they identify as important in helping to achieve desired goals. Occupational Therapists are well placed to contribute to the reform process and have specialist knowledge and awareness of evidence and strategies in respect to ways to assist individuals to connect to and contribute to their communities.

This encompasses both systems level knowledge and includes specific skill building knowledge and awareness of potential barriers to engagement, such as difficulties with appointment making and keeping; the implications of hidden literacy and numeracy problems; co-occurring conditions and their implications.

**A holistic approach to mental health**

The report endorses a holistic approach to mental health and identifies that service provision is often piecemeal and there is significant disconnect and lack of continuity: many members report that professionals find it challenging to navigate the system for referral purposes, let alone expecting service users to manage it.

The recommended ongoing shift to person centred, streamlined processes; enhanced alignment of services; maximisation of the effectiveness and reach of available funding and resources and emphasis on outcomes measurement and the need for evidence based practice is confluent with our profession.

**System architecture**

OTA supports the recommendation to integrate Mental Health into Primary Health Care. Clients present with co-occurring conditions and an integrated service planning approach will facilitate improved outcomes for service users and decrease the burden of navigating multiple services for users and support people.

The changes to the Medicare Locals and integration of planning within primary Health Care will hopefully build on and enhance the knowledge and services already developed. OTA endorses this whole of person approach and
the system architecture changes – like integrating mental and physical health. OTA will work with therapists to support them and build strategic representation and lobbying and advocacy around these systemic change.

ADDRESSING THE 9 STRATEGIC DIRECTIONS

The report outlines 9 clear government ‘strategic directions’ for delivering mental health reform. These recommendations remain in the policy and funding development stage and are not yet in the form of legislation, funded commitments or designed policies.

This review addresses these strategic directions and in some instances the sub recommendations included as well. Further work will be undertaken with members to develop our specific responses to all areas outlined in the report.

STRATEGIC DIRECTION 1: SET CLEARRoles AND ACCOUNTABILITIES TO SHAPE A PERSON CENTRED MENTAL HEALTH SYSTEM

OTA supports Strategic Direction 1, and believes that it is the role of the commonwealth to take the lead in integrating mental and primary health care. We agree the Commonwealth should set the agenda, in response to feedback, information and recommendations generated within the report.

National consistency is required, along with the recognition that adaptation may be appropriate where relevant, along with the acknowledgement of the possibility of cultural and policy implementation differences within different States and Territories, for example. OTA will lobby and contribute to, shape and influence the development and implementation of a National Plan, as recommended in the report.

OTA supports Recommendation 2 and will seek to have input into developing and agreeing on a National Mental Health Suicide Prevention Plan. We will continue to work at a professional level with our members and SIGs to identify the future trends and patterns that are likely to arise in this area and to ensure OTs are supported to recognise, refer on and respond to and support clients.

OTA supports Recommendation 3 and acknowledges the need for clarification regarding eligibility for access to the National Disability Insurance Scheme. It is recognised that some services are in scope to transition to the National Disability Insurance scheme, such as Mental Health respite Carer support. OTA will be working with members and SIGs to map this issues and address opportunities and risks in relation to reform within the NDIS area.

In future members will have opportunities to inform OTA around issues and challenges that may be faced in respect to Tier 2 support access, particularly in respect to mental health.

STRATEGIC DIRECTION 2: IMPLEMENT NATIONAL TARGETS AND LOCAL ORGANISATIONAL PERFORMANCE MEASURES

OTA supports Strategic Direction 2 and believes national targets should be established for organisations to work towards.

OTA supports Recommendation 4 and calls for the adoption of a small number of important, ambitious and achievable national targets to guide policy decision and directions, in order to enhance the efficacy of service
delivery. Occupational Therapy as a profession is well placed to both contribute to the identification and development of desired person centred outcomes, as well as the implementation of agreed targets.

OTA supports Recommendation 5 and emphasises the need to make Aboriginal and Torres Strait Islander (ATSI) Mental Health a priority. There is a growing knowledge and skill base in respect to OT practice and indigenous Mental Health and we will work with experts in the area to contribute to the development of culturally sensitive and effective service delivery.

It is further recognised that special attention needs to be paid to ensure a connected transition through the mental health systems and services for ATSI people as a whole. OTA will work with other organisations to achieve the desired outcomes (e.g. Indigenous Allied Health Network)

OTA supports Recommendation 6 and the need for a single person centred care plan and eHealth record along with the need to demonstrate the effectiveness of service delivered. Occupational therapists are skilled in developing and using validated sensitive and appropriate client based assessments that form the basis of formulating goals for service delivery.

Additionally, Occupational therapists made an effective contribution to the development of e-Health records used across Australia and recognise the value of integrated service planning and delivery, lessening the burden of multiple assessments and optimising available resources.

STRATEGIC DIRECTION 3: SHIFT FUNDING PRIORITIES FROM HOSPITALS TO COMMUNITY AND PRIMARY HEALTH CARE SERVICES

OTA supports Strategic Direction 3 and approves of shifting funds for mental health to community and primary health care services.

OTA supports Recommendation 8 and recognises the need to extend the scope of primary health networks (and rename them Primary and Mental Health Networks), as the key regional architecture for equitable planning and purchasing of Mental Health programmes, services and integrated care pathways. (Whilst the recently announced list of preferred applicants is subject to successful contract negotiations, as an association we are well placed to facilitate our professional perspective and input into the 31 PHNs)

OTA is aware of the challenges and difficulty of supporting holistic care planning and implementation for those with co-occurring disorders and of the need to integrate mental health into primary health care.

Occupational Therapists work across an extensive range of Mental Health settings and provide a broad range of services. From the report it is evident that there is the potential for positive growth in this contribution, but within a changing environment.

OTA is aware of a range of issues and implications for Occupational therapists individually, as a profession and at an association level and we will be working with members to address these issues and get feedback and input, in order to work strategically to ensure best practice implementation.

We will continue to work with members to support them in the transitions that may be required in practice settings and roles.
OTA supports Recommendation 9 and calls for the bundling up of programmes to boost the role and capacity of NGOS and other service providers to provide more comprehensive, integrated and higher level mental health services for people.

**STRATEGIC DIRECTION 4: WORK TO EMPOWER SELF-CARE AND IMPLEMENT A NEW MODEL OF STEPPED CARE ACROSS AUSTRALIA**

OTA supports Recommendation 11 and the need for the promotion of easy access to self-help and self-management options to build resilience and facilitate accessible and effective support and promote navigation of services.

Many Occupational Therapists have strong systems skills, change management knowledge and service delivery expertise, for example of Better Health Self-Management strategies, and integrate the recovery model into their practice and would be ideally placed to contribute to system and organisation change to realise this recommendation.

OTA supports Recommendation 12 and welcomes a renewed focus on the strengthening of the central role of GPs in Mental Health Care – within best practice, and evidence based guidelines and the staged implementation of Medical Homes for Mental Health.

These are a diverse array of quite differing recommendations and reframing of service delivery approaches. OTA will work with members to explore these issues further: we have noted for example that with the BAMH program there are varying patterns of referral for OT services and a patchy understanding of the OT role across different Medicare Locals and we will be working to support and develop GPs understanding of OT services and intervention outcomes.

OTA supports Recommendation 13 and recognises the need to enhance access to the Better Access programme for those who need it most through changed eligibility and payment arrangements and a more equitable distribution of services.

There were many recommendations made around the enhancement of BAMH service delivery. Overall the service was viewed favourably and as an area for growth and development. It was identified that there was the need to enhance access to the Better Access programme for those who need it most through changed eligibility and payment arrangements and a more equitable geographical distribution of psychological services.

Since BAMH was introduced there has been a steady increase in uptake of endorsement for occupational therapists. OTA has a cohort of occupational therapists who collectively and individually have strong skills and knowledge in the area and who have identified practice challenges and opportunities, such as challenges in providing rural and remote services and the lack of alignment in fee schedules between psychology and other AH (OT and SW) when practice costs and service provision items are comparable.

It is expected that growth in the BAMH endorsements will continue and we are working to develop a hub and spoke approach to community of practice development, to complement the MHSIGs, in order to develop evidence, support CPD roll out and enhance knowledge of outcome measurement development and implementation. For the future this will create an ongoing shift in professional service delivery and will see the expansion of Occupational Therapists working in private settings, along with the need for lobbying and advocacy; promotion of services and also supporting practice knowledge and development.
We will be undertaking a process of working with BAMH endorsees to getting your thoughts and input. These are the recommendations from the report:

1. **Amend Better Access** to enable the option of a simple referral from a GP to an allied health professional (AHP) (as is now possible with psychiatrists and paediatricians), but only on the basis that at the initial session the AHP undertakes an assessment and develops a care plan with the person, which is then provided to the GP for review and endorsement or amendment.

2. **Limit use of the GP Mental Health Care Plan** items, other than for people who do not improve from the first-line response, are assessed at their initial attendance as severe or who have low prevalence disorders.

3. **For severe or complex disorders**, enable an extra six Better Access sessions of psychological treatment as clinically determined (a total of 16 in any one year).

4. **For people with more severe conditions**, where the GP assesses they are likely to require more than the initial six sessions with an allied health professional, GPs should be encouraged by the guidelines and supported in practice to initially refer to an endorsed and registered clinical psychologist (for example, by provision of easily accessible information about the different qualifications of psychologists available for referral within their local area).

5. **Extend eligibility** for Better Access to include neuropsychologists.

6. **Consider extension of Better Access to other allied health professionals** who contribute to the health and wellbeing of people with mental health problems where they undertake appropriate mental health training. For example, speech pathologists are engaged in mental health teams in some parts of Australia but not in others: they play an important role in mental health, particularly in prevention and early intervention for children.

7. Note that this is not proposing an increase in the number of sessions and the overall budget for Better Access, but rather a broadening of the mix of professionals able to provide focused psychological strategies within the available sessions.

8. Examine the potential efficiency of extending Better Access to nurses with postgraduate qualifications in mental health as an alternative to expansion of the Mental Health Nurse Incentive Programme (MHNIP).

9. **Realign MBS benefits levels between allied health professionals**: on the next indexation of MBS items weight the first component of the increase to align MBS benefits for social workers and occupational therapists with those for registered psychologists, with any remaining elements of indexation then being distributed equitably across Better Access items (current differential is about 12 per cent or $8; parity would take up the first 0.9 per cent of any future indexation increase and cost $1.8 million).

10. Consider ways to **ensure Aboriginal and Torres Strait Islander people access Better Access**, including by providing culturally competent professional services through the programme.

11. From January 2016, limit access to Better Access for newly registered psychologists who are not endorsed (i.e. do not have an additional qualification and advanced training, such as clinical psychology, as recognised by the Psychological Board of Australia) to communities outside the Major Cities classification as identified under the Modified Monash Model, as recently adopted by the Commonwealth Government.
12. From January 2017, examine the introduction of provisions requiring access to benefits payments under Better Access being dependent on all new allied health professionals providing a significant proportion of their services (i.e. 50 per cent in the first five years) to people who reside in regional, rural and remote areas.

13. Examine cashing out Better Access benefits paid for services provided by registered psychologists who do not have an additional endorsed qualification and distributing those funds on a weighted population basis to regional purchasers for psychological services on a salaried or sessional basis.

14. Examine incentives for allied health professionals to work in regional, rural and remote areas through targeted scholarships for post-graduate study, support of professional development and mentoring and financial and relocation incentives.


STRATEGIC DIRECTION 5: PROMOTE THE WELLBEING AND MENTAL HEALTH OF THE AUSTRALIAN COMMUNITY, BEGINNING WITH A HEALTHY START TO LIFE.

We support Recommendation 15, which highlights the importance of building resilience and targeted interventions for families with children. Occupational therapists in mental health work across the life span and have a strong knowledge base and skills in respect to this area, and are well placed to contribute to promotion of wellbeing and resilience.

STRATEGIC DIRECTION 6: EXPAND DEDICATED MENTAL HEALTH AND SOCIAL AND EMOTIONAL WELLBEING TEAMS FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

OTA supports this strategic direction. As noted in recommendation 7, OTs have a strong and growing body of knowledge and skill in respect to indigenous MH practice and it is anticipated we would make further positive contributions to dedicated teams. OTA is working to further develop links between OTs in the field and to other relevant bodies to ensure service delivery in the area. For example through the development of BAMH special interest groups we plan to explore the practice based evidence relevant to the OT application of Narrative Therapy within BAMH.

STRATEGIC DIRECTION 7: REDUCE SUICIDES AND SUICIDE ATTEMPTS BY 50 PER CENT OVER THE NEXT DECADE

OTA supports the drive to equip workers with a sound knowledge base, resources and skills. As previously highlighted, Occupational Therapists in the field undertake skill building and those within MH are required to meet the National Practice Standards for the Mental Health workforce.

The association will continue to support occupational therapists to develop skills and knowledge in this area and also to support those in practice through mentoring, promoting the importance of access to supervision and professional support and ongoing CPD.
Occupational therapist have underpinning knowledge and skills in respect to meaningful role engagement and the need to support people to be actively engaged in personal and rewarding life roles and understand the importance of enhancing protective factors and building social engagement.

**STRATEGIC DIRECTION 8: BUILD WORKFORCE AND RESEARCH CAPACITY TO SUPPORT SYSTEM CHANGE**

We recognise and support this strategic direction which is confluent with the drive to build our practice knowledge across the spectrum of evidence sources, from valuing lived experience through to other sources of evidence. Occupational therapists have developed and continue to develop a strong body of knowledge and evidence around MH service delivery and through OTA we have a growing research capacity and body of evidence (e.g. Research Foundation, impact factor of the journal etc.).

Members have access to a growing body of CPD, mentoring and peer support and supervision. We are planning to contact those in mental health to ascertain their perspective of the issues faced in practice and to enhance resources appropriately.

OTA is a community that has been built based on professional interests and concerns: our members are uniquely placed to support each other’s knowledge and practice craft development and can work together underscore our place within this changing environment.

**STRATEGIC DIRECTION 9: IMPROVE ACCESS TO SERVICES AND SUPPORTS THROUGH INNOVATIVE TECHNOLOGIES**

OTA supports improved access to services, especially as many of our therapist work to service those in regional, rural remote areas. At present OTs are not recognised providers for some of the tele-health initiatives and we will be working to gather practice based evidence, map service gaps and lobby regarding services we could effectively provide.

**SUMMARY**

Overall, Occupational Therapy Australia welcomes and supports the strategic directions and recommendations of the report. There are a range of issues and implications for Occupational therapists individually, as a profession and at an association level and we will be working with members to address these issues in order to affect policy change where it is most needed.

Occupational Therapy Australia (OTA) will continue to promote, advocate and contribute towards improvement and change in respect to the development, delivery and access to Mental Health Promotion and Care for individuals, groups and at community level, and for Occupational Therapy at a local, Nationwide and International Level.

Over their professional lives, Occupational therapists continually have to make adjustments to changing work environments, emerging trends and system change. The profession is facing both opportunities and challenges in respect to the Mental Health shifts that are recommended.

With the shift from department based OT services within hospitals to a growth in community based and private service delivery, therapists are forging new skills sets to meet changing frameworks of employment; building business models embracing CPD management, including sourcing or outsourcing supervision and coaching.
OTA will continue to work with members to support them in the transitions that may be required. We will facilitate appropriate networking, resources and expertise to assist members through these changes and promote the ongoing adaptation and development of our professional community supports and resources.

OTA will continue to work towards the implementation of a strategic Hub and Spoke approach to Special Interest Groups, to facilitate practice support; ensure information sharing and develop position papers and representative advocacy and lobbying. In regards to members working in mental health, this will be complemented by state and territory BAMH SIG, focussed on developing evidence of our efficacy and supporting the generation of generating outcome measurement and ensuring our responses to the government implementation of these recommendations is truly representative of our members.