

World Federation of Occupational Therapists Congress 2006
Professional Issues Forum: MENTAL HEALTH

Facilitators: Karen Arblaster and Joy Pennock

Summary

Three questions were posed to the forum. The first focused on general **issues for the occupational therapy profession in mental health**. Responses could be loosely grouped into three categories:

- (1) Workforce issues encompassing issues of recruitment, role focus, career pathways, numbers of occupational therapists and links with professional associations.
- (2) Service development and organisation regarding the developing role of non Government organisations, service pressures for acutely ill clients, community resources
- (3) Occupational Therapy focus / role in relation to assessment, evidence based interventions, role clarity and focus
- (4) Future issues including recent significant events in Australia, occupational therapists in positions of influence, exploring new opportunities.

The second question focused on the **drivers for mental health services** and the forum identified three main drivers:

- (1) Funding and service models including MH funding (private and public), media, consumer and carer input, occupational therapists themselves, clinical risk, clinical models and treatment modalities, pharmaceutical influences.
- (2) Population issues such as diversity, ageing, specific target groups or minority groups, consumer and community awareness
- (3) Occupational therapy focus / roles incorporating evidence based practice, general and specific roles, influence of organisations and training

The third question focused on the possible **significant contribution** occupational therapy could make to mental health services. The forum identified:

- (1) Areas of clinical practice including occupational performance, client and strength focus and broad perspective / training, life span, health promotion, specialized clinical areas /input, relapse prevention, a variety of therapy modalities and focus.
- (2) Future issues including advocating for rehabilitation, political issues, need for networks, use of / development of influence, usefulness of the profession, research and documentation, specific future planning.

Facilitators' comments.

The inaugural mental health professional issues forum at the WFOT congress in July 2006 was a popular session as indicated by high attendance (approximately 70 to 80 occupational therapists). Attendees were predominantly Australian though there was also representation from New Zealand, Canada, United Kingdom and Slovenia. The session focused on three questions and a brief discussion about current initiatives within a couple of countries.

The forum notes were subsequently sent to the participants prior to posting on the WFOT website. One comment from a UK participant indicated a level of disappointment that the discussion was drawn toward issues within the host country, Australia. This was the likely result of high numbers of participants attending the forum from Australia, which hence created a stronger voice due to the overwhelming numbers. General questions were specifically developed for the forum that could equally apply to any country. During the forum issues from various countries other than Australia were specifically documented, usually from one or two individuals. This issue of balance is worth consideration by future facilitators keeping in mind individuals should not be expected to represent their entire country's views but the views of the host country will be strong due to numbers in attendance.

Responses to questions during the forum were the result of small group work and a feedback process. Responses were collated and categorised and therefore, represent ideas put forward on the day by both groups and individuals. The issues identified in the forum were not debated or prioritized during the forum. However, the impression of the facilitators was that the atmosphere within the forum was one of interest, enthusiasm and engagement in the views put forward.

Karen Arblaster & Joy Pennock
August 2006.

Detailed forum notes

1. What are the issues for the occupational therapy profession in relation to practice within mental health? Are these issues for everyone or for some areas of mental health?

Workforce issues:

- Recruitment
 - Victoria (Australia) – no grade 1 positions, only grade 2 – difficult to fill
 - NSW (Australia) – difficulties with attracting people; retention; lack of support and isolation
 - Methods of advertising
- Generic vs discipline specific roles: problems with recruitment; shift to specialists in Victoria (Australia); shift to generic roles in other areas/countries eg Scotland. Specialist skills not always recognized within generic roles. Involuntary treatment generally a feature of generic roles.
 - **Scotland** – being pushed to take on other roles due to shortages of multiple professions – “Mental Health Officers”; includes prescribing medications, involuntary treatment.
- Lack of career path – difficult for occupational therapists to remain in mental health as there are minimal opportunities to move into management or other senior positions.
- **Canada** – 9% of occupational therapists work in mental health – very isolated
- **Australia** - MH occupational therapists 20-30% of Australian occupational therapy workforce but under-represented in professional association – why?

Service development and organization:

- Growth in the role of NGOs, especially in rehabilitation and disability support.
 - NGOs employ predominantly unqualified and casual staff who require training up in client management and implementation of programs – possible occupational therapist role with NGO workers – how to do this?
 - Lack of outcomes for clients due to turnover in NGO staff (casual workforce).
- Acute wards – pressure of beds despite increase in funding; high turnover/short length of stay means minimal rehabilitative or recovery work can be achieved within hospital and minimal opportunity for appropriate discharge planning.
- Supported housing - insufficient
- Funding is focused on acute phase; would be good to have more opportunity to work with people to prevent admission

Occupational Therapy focus/role:

- Occupational therapy assessment – tends to be omitted from acute team assessments; issues of function and occupational performance not identified early in the treatment so timely intervention not possible.
- Evidence Based Practice

- perceived lack of outcomes research that supports the role of occupational therapy.
- Clarifying occupational therapy role in the use of cognitive behavioural approaches
- Clarity of roles
- **Slovenia** – all working in institutions – difficult to establish role in community
- Perceived loss of function (occupation) as a central focus.

The future:

- Australia: Recent meeting of health ministers (COAG) with a focus on mental health. Increased funding was announced with some professional groups identified for enhanced services. Occupational Therapy is not among the groups who have been identified for enhanced funding. Occupational therapy did not contribute to the consultation that preceded these announcements.
- Not enough occupational therapists in management positions – unable to influence
- Used future – what are the opportunities?
 - Develop the evidence for prevention/community services – more cost effective – has been done with MBF.

2. What are the drivers for mental health services currently?

Funding and Service Models:

- COAG recent meeting re mental health funding announcement– OT not addressed. How will occupational therapy gain access to increased funding and enhanced services for clients?
- Medicare – AAOT strategy to gain eligibility for occupational therapy treatments for mental health conditions for Medicare funding.
- Media – publicity and media campaigns re some mental health issues are driving mental health onto the political agenda and creating a platform for Mental Health reform.
- Carer/consumer movements and community opinion are having an impact.
- Growth of psychiatric disability support sector – particularly the non-government sector.
- Funding – primary mental health teams; high prevalence disorders; Beyond Blue; where are the low prevalence disorders? What is the occupational therapy role with high prevalence disorders given the strong evidence base for psychological approaches in combination with medication. Is this an opportunity or are the barriers too great?
- Occupational therapists as drivers – need to take on strategic roles in allegiance with relevant lobby groups/organizations etc– lobbying and marketing to ensure we are able to contribute significantly to mental health services.
- Risk – the management of risk of harm to self or others dominates the way in which services are delivered.

- European countries – individual service model means some people not gaining access to services (*Facilitator comment: It was unclear from this comment whether this was an issue because current resources, that focus on individual intervention, are not adequate to meet the demand. An individual service model is valid in its own right. It is one appropriate therapy modality for occupational therapists depending on the context and clinical need*). However, it is important to sustain awareness of the benefits of collective or group-based approaches, which occupational therapists have considerable expertise in. Government drive for illness self management now filtering into mental health. How can occupational therapists use / work with this philosophy with good effect?
- Recovery model – underpinning service organization and delivery models
- A medical model drives the conceptualization and organization of treatment and services. This can mean a concentration of resources at the acute end of the spectrum of services and makes it difficult to maintain a focus on recovery and rehabilitation.
- Early intervention/prevention – funding directed to these areas.
- Pharmaceutical companies – exert some influence over mental health practice?

Population issues:

- Multicultural population
- Ageing population
- Dual diagnosis – substance use, physical co-morbidities, intellectual disabilities.
- Growth in forensic population – determining appropriate intervention with “dangerous and severe personality disorders” (UK)
- Asylum seekers/refugees/forensic – occupational deprivation - how do we address the occupational justice issue?
- Community awareness and consumer self education

Occupational therapy focus/role:

- Evidence Based Practice – a requirement/driver BUT occupational therapy has little research evidence supporting occupation specific intervention. How do we relate to the evidence base for practice across the range of mental health services (eg clinical guidelines, evidence based practice literature such as series published in Psychiatric Services Journal in ?2001)
- Generic vs specialist clinical roles. How do we approach this issue? Are there different perspectives? Are there advantages and disadvantages with either role?
- WHO process/influence – recent publications?
- Universities – how well are our graduates prepared for practice in real life mental health settings?
- Specialist clinical positions – in some countries higher degrees required. What is the impact on the profession?

3. What are the significant contributions occupational therapy can make to mental health services within this context?

Contributions to clinical practice in mental health:

- Expertise in occupational performance – contributes to a recovery focus.
- Client centred practice – congruent with the recovery model
- Life span approach – congruent with current approaches to mental health ie mental health across the lifespan
- Broad perspective – physical, psychosocial – fits with biopsychosocial model and the wide ranging effects of mental illness.
- Health promotion – health promoting aspects of occupation congruent with mental health promotion philosophy
- Children of Parents with a Mental Illness – occupational therapists have a specific role due to knowledge of development, occupation, occupational roles, AND the environmental aspects of occupational performance, human growth and development and occupational role development
- High prevalence disorders; role in developing primary care services – occupation based approach.
- Comprehensive assessment – occupational therapy assessment is comprehensive in nature and congruent with the notion of comprehensive mental health assessment which is essential in mental health services
- Skill and expertise in goal setting
- Contribute to early discharge
- Support people in community – relapse prevention
- Group work
- Ability to work alongside people – work well with consumers/carers
- Volition/personal causation – motivation. Improving function needs to be related to this but this is often lost
- The package of occupational therapy skills enables us to engage with people and provide useful intervention.
- Strengths based focus – congruent with recovery model
- Skills in helping people in transition

The future:

- Advocacy for rehabilitation
- Participate in the political arena – advocacy and lobbying for improved services
- Occupational therapy networks
- Be in management positions and involved in service development
- Cost effective and sustainable; low technology
- Increased use of technology; at forefront of use of technology
- Australia:

- COAG agreement \$4B for MH – AAOT working proactively; problem analysis perspective needs to be taken – not enough flexibility; create a commitment to the ideal that doing things is good for you.
- Working toward access to Medicare funding – creates a more flexible work choice.
- Lost opportunity converted to an opportunity – a strategic plan to be developed within NSW
- Research – multisite projects to demonstrate effectiveness of occupation based approaches to recovery/rehabilitation would be useful.
- Writing what we do; letting people know.
- **UK** – strategic plan to be launched in December. Outlines the way forward to an occupation centred approach to practice within mental health.