RE: Occupational Therapy as a Specialist Mental Health Profession

I write to express my disappointment that a traditional and long-standing specialist mental health workforce has been omitted from this document with the only mention it incorrectly being referred to as having a generic role.

Occupational Therapists have been members of mental health teams since their inception with the profession growing out of psychiatry. Mental health education is at the core of the profession. Occupational Therapists are essential mental health team members who undertake a range of assessments and therapies, which play a key role across all the reform areas discussed in the document.

In particular occupational therapists have specialised skills and knowledge of functional capacity and engagement in meaningful and essential life roles. As such they play a key role in the social and emotional well-being of consumers and provide services which enable safe and supported community tenure across the mental health care spectrum (Hitch et al 2015).

Occupational Therapists are particularly skilled to address the psychosocial needs of consumers and are essential when care planning those with complex health needs. A range of therapies need to be delivered at the right time in order to decrease ill health and improve well-being. Currently occupational therapists are members of mental health multi-disciplinary team and this ensures a seamless, appropriate and timely response to care. They also have specialist skills in the area of employment programs for those with disabilities. For example, in acute mental health units occupational therapists are key to discharge planning, creating therapeutic environments, utilised their socialised scope of practice (eg sensory modulation) in order to reduce distress, seclusion and restraint, absconding and challenging behaviours, and provide essential information regarding a consumers functional capacity and safe discharge back to the community (Adams-Leask et al 2018). In community teams Occupational Therapists have a dual role as care coordinator and occupational therapists where they provide specialist mental health care and therapy to maintain community tenure and avoid hospitalisation. They undertake generic role alongside their medical and nursing peers.

Evidence supports that opportunities to engage in psychosocial therapies is critical for improving the consumer and carer experience of mental health services. By omitting allied health and in particular occupational therapy the opportunities for such care will be limited or non existent. The needs of consumers across care will not be met by relying on private providers and the
NGO sector. It will result in gaps and delays in services and a limited approach to complex care planning.

The document is missing occupational therapy as a profession that needs to grown alongside psychiatrists and peer workforce to meet the growing and complex needs of those experience mental health issues. If they are omitted the psychosocial needs of consumers will not be represented and the mental health services will default to a medically orientated model of care rather than a holistic approach.

All these services can not be relied upon via the Better Access pathway or the NGO sector. Occupational Therapy needs to be acknowledged and promoted as an essential member of the multidisciplinary team. The composition of mental health teams require reviewing so they are not solely medical, nursing and peer workforce.

I write to strongly request you review the evidence on psychosocial mental health care and the essential role of occupational therapy within the mental health multi disciplinary care teams and include them as one of the specialised mental health workforce professions. In addition, I request that a review of the discipline mix and strongly suggest occupational therapy is increased across mental health services in order to meet current and future demand.

Yours sincerely

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