

Friday 5th August 2011



The Secretary of the Committee
Senate Inquiry into Commonwealth Funding and Administration of Mental Health Services
Parliament of Australia

Dear Sir/Madam

SUBMISSION TO THE SENATE INQUIRY INTO COMMONWEALTH FUNDING AND ADMINISTRATION OF MENTAL HEALTH SERVICES.

On behalf of Occupational Therapy Australia, I welcome the Senate Inquiry into Commonwealth Funding and Administration of Mental Health Services and am pleased to present this submission to the Inquiry for consideration.

Occupational therapists play a vital role in supporting people with mental ill health. We are employed in a very broad range of contexts across the health sector from public to private; in acute, sub-acute and chronic service delivery settings; and hospital and community-based organisations. This complex configuration of resources in the sector has emerged over a long period of time and in response to the many and complex needs of individuals.

We acknowledge the recent efforts of Government at all levels to address the enormous and challenging issues surrounding mental health care delivery in Australia. We hope this submission assists the Senate Inquiry to make informed decisions that are in the best interests of the individuals who suffer every day with mental illness and whose lives we strive to improve so that they may also enjoy the participation in society that the rest of us take for granted.

Please accept this submission on behalf of Occupational Therapy Australia.

Do not hesitate to contact me if you require any further information.

Yours Sincerely,
Occupational Therapy Australia

Ron Hunt
Chief Executive Officer

SENATE INQUIRY
into
COMMONWEALTH FUNDING
and
ADMINISTRATION
of
MENTAL HEALTH SERVICES

5TH August 2011

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CONTENTS

1.0	Introduction	Page 4
2.0	The Unique Perspective of Occupational Therapy	Page 4
	The Person	Page 4
	The Occupation	Page 4
	The Environment	Page 4
3.0	Better Access	Page 5
	The Value of the Better Access Scheme	Page 5
	Patients with Severe Mental Illness	Page 5
	The Therapeutic Relationship	Page 5
	The Workforce	Page 5
	Re-directing Better Access Funds to ATAPS	Page 5
4.0	Recommendations	Page 6
5.0	Conclusion	Page 6

1.0 INTRODUCTION

Occupational Therapy Australia is pleased to provide this submission to the Senate Inquiry into Commonwealth Funding and Administration of Mental Health Services.

We commend the Federal Government on its second term investment in mental health; however, we are concerned about the changes made to the Better Access to Mental Health Care initiative announced in the 2011 budget.

2.0 THE UNIQUE PERSPECTIVE OF OCCUPATIONAL THERAPY

The profession of occupational therapy is underpinned by formal studies in the health and behavioural sciences of anatomy, physiology, psychology, sociology, disease, disability and rehabilitation. The knowledge acquired through the study of these foundation subjects builds upon an understanding of the components of performance (physical, cognitive, social, emotional, psychological and sensory) through the study of particular occupational therapy subjects that develops a unique understanding of, and particular expertise in, human performance through occupations and occupational roles.

The purpose of occupational therapy is to enhance and, ideally, maximise performance, engagement and participation in the many occupational roles assumed by people who suffer the adverse effects of injury, illness and disease.

Occupational therapy recognises that people are *occupational beings* and that meaningful participation in the many and varied occupational roles arises when there is a 'fit' between the person, the occupation and the environment.

The Person

Occupational therapy is person-centred and therefore, the individual and his or her context is placed at the centre of intervention.

Occupational therapists are trained to collaborate with their clients and care givers to identify problems with performance; to set goals; and to recommend interventions that assist the individual to overcome problems and enhance performance. This may involve assisting the person to adapt their own performance or to alter their environment to facilitate enhanced participation.

The Occupation

Occupation is the manner in which a person is engaged in a way that is meaningful and purposeful to them. Occupation is a broad concept that should not be confused with 'job', although one's job is an example of meaningful occupation. An occupational role is the arrangement of the components of occupation (physical, cognitive, social, psychological, spiritual, emotional features) into an orderly and familiar pattern of activity within the cultural and environmental context of the individual.

Occupational roles are those roles that are significant and meaningful to individuals in the contexts of the many environments in which they want and/or need to participate. Such occupational roles include student, parent, great/grand/parent, caregiver, worker, leisure and recreational participant. Meaningful activities undertaken during the performance of occupational roles include eating, dressing, self care, study, work, sports, hobbies and recreation. Some of the occupational environments in which meaningful activities are pursued as part of an occupational role include schools, homes, workplaces, hospitals, aged care facilities and leisure environments.

The Environment

Occupational therapy recognises that the environment in which an individual exists is fundamental to performance and has a major impact upon health. For this reason, as much as possible, occupational therapy is best delivered in the individual's occupational environment. When this is not possible, occupational therapists strive to re-create or simulate the occupational environment in order to facilitate recovery. Sometimes, the risks involved with treatment make it necessary to remove the patient from their occupational environment. Surgery is a prime example where the risk of infection necessitates intervention in the highly artificial environment of an operating theatre. (It is important to consider context

here. Whilst the operating theatre is not a normal occupational environment for the patient, it is a completely normal occupational environment for the surgeon).

3.0 BETTER ACCESS

The Value of the Better Access Scheme

Since its introduction in 2006, the Better Access scheme has facilitated unprecedented access to mental health care where delivery of that care is specifically tailored to the individual needs of the person with mental ill health. In keeping with the government's entire health reform agenda, the patient is placed squarely at the centre of service delivery.

In a radical departure from traditional models of care that centre around the service provider, Better Access has been a resounding success in meeting the needs of an enormous sub-group of the population who, without intervention, have the potential to slowly decline into crisis and potentially overwhelming the public mental health system.

One of the most important features of the Better Access to Mental Health Care initiative is the flexibility that it provides to patients to select treatment that can be delivered in an occupational environment of their choice. And as we have seen, the environment is a critical factor the achievement of successful outcomes.

Patients with Severe Mental Illness

Information gathered by Occupational Therapy Australia indicates that a small percentage of patients seen by occupational therapists may be severely adversely affected by reducing the cap from 12 + 6 treatment sessions to 6 + 4 treatment sessions per annum. Although the majority of patients require only 5 sessions on average, some require more intensive sessions at the beginning of treatment and as progress is made and coping skills are established or regained, the frequency and intensity is gradually reduced. This in itself is a measure of recovery. It is critical that this relatively small number of patients can have their access to a greater number of sessions maintained. The costs of doing so are minimal.

The capacity to provide up to 12 sessions acts as a 'buffer' that provides invaluable reassurance to the patient that they may access additional support if absolutely necessary. In addition, many patients have co-morbidities or dual/triple diagnoses (such as anxiety, depression and substance abuse) that requires a comprehensive approach to be taken by the treating therapist. In many cases, this complexity would be impossible to manage under the proposed cap reductions.

The Therapeutic Relationship

It is well established that the therapeutic relationship is a critical factor that influences positive outcomes for patients. Under the proposed changes, therapy may be interrupted prior to completion in order for the patient to transfer to a new system where there is no guarantee that they will retain access to the treatment provider of *their choice*. Clients deplore the need to repeat their often harrowing and painful stories to numerous health care professionals. Reducing the Better Access caps compounds this difficulty for those clients with more severe conditions. Not only is this unfair to the patient, it is also potentially harmful to the patient to interrupt the therapeutic relationship and their treatment in this manner.

The Workforce

Reducing the cap in the proposed manner has implications for the occupational therapy mental health workforce. Given that the Better Access Initiative greatly facilitates the provision of treatment in the patient's preferred occupational environment, practitioners can only be induced into this service environment (ie private practice) if there is sufficient certainty around its viability. If therapists do not make themselves available to patients (because the cap is not sufficient to meet potential patient need) and patients subsequently do not embark upon treatment (because the cap does not provide the necessary reassurance that they will receive service of a sufficient duration to improve), patients' mental health status will decline to the point of crisis and the burden will shift back to the stretched public health system.

Re-directing Better Access Funds to ATAPS

We understand that a reduction in the Better Access treatment cap is being used to fund additional resources redirected to the ATAPS programme. Whilst we applaud the effort to enhance ATAPS, we are

concerned that the patients who are affected by the cap reduction in Better Access are not necessarily going to benefit from changes to ATAPS. They will therefore fall through the gap and be left without support.

4.0 RECOMMENDATIONS

Occupational Therapy Australia would like to propose the following recommendations to the Inquiry for its consideration.

Recommendation One

Reinstate the 12 + 6 treatment sessions for allied health professionals

Recommendation Two

Access to the first set of 6 treatment sessions is granted via a GP referral with no requirement for a mental health care plan.

This would greatly reduce the administrative burden of potentially unnecessary mental health care planning associated with the vast majority of patients for whom up to 6 is an adequate number of treatment sessions to resolve their presenting issues.

Recommendation Three

Access to the second set of 6 treatment sessions requires a formal mental health care plan that is prepared at the request of the GP.

This plan may be prepared by any of the five professionals who are registered to deliver services under the Better Access Scheme (general practitioner, occupational therapist, psychiatrist, psychologist and social worker). Each of the professions would need to work together to design a template that would satisfy this requirement.

Recommendation Four

Access to the third set of 6 treatment sessions would require a case conference of the involved treating team members or a review by a psychiatrist.

This would facilitate enhanced multi-disciplinary and coordinated care. Consideration should be given to the creation of a 'case conference' Medicare rebate to all members of the health care team involved in treatment.

5.0 CONCLUSION

After many years of neglect, mental health care has finally received the proper attention of the community and our government. Changes proposed under the 2011 Federal Budget serve to wind back the relatively recent proactive initiatives to the detriment of people with mental illness.

We hope that our submission receives a favourable response at the Inquiry and our recommendations are adopted in the best interests of all stakeholders, but most importantly, in the best interests of the patient.