Parliament of Tasmania

Inquiry into Rural Health Services

Occupational Therapy Australia Submission

March 2021

Occupational Therapy Australia Limited ABN 27 025 075 008 | ACN 127 396 945

5 / 340 Gore St. Fitzroy VIC 3065
Ph +61 3 9415 2900
Email policy@otaus.com.au | Website www.otaus.com.au

Introduction

Occupational Therapy Australia (OTA) is the professional association and peak representative body for occupational therapists in Australia. As of 31 December 2020, there were approximately 25,000 registered occupational therapists working across the government, non-government, private and community sectors in Australia, more than 360 of these in Tasmania. Occupational therapists are allied health professionals whose role is to enable their clients to participate in meaningful and productive activities.

Occupational therapists provide services such as physical and mental health therapy, vocational rehabilitation, chronic disease management, assessments for assistive technology and home modifications, and key disability supports and services.

OTA welcomes this opportunity to provide a submission to the Tasmanian Parliament's Inquiry into Rural Health Services.

Role of occupational therapists in primary health

Mental Health

Mental health service provision is a longstanding and core area of practice in occupational therapy. Occupational therapists work across the full spectrum of mental health, treating relatively common conditions, such as anxiety and mood disorders, as well as those which require more targeted interventions, such as psychosis, eating disorders and trauma-related conditions.

This expertise is nationally recognised and well-established. Suitably experienced occupational therapists are endorsed to provide Focussed Psychological Strategies through the Commonwealth Government's *Better Access* initiative and have been since its inception in 2006. Eligible occupational therapists also deliver psychological treatments for eating disorders under the Medicare Benefits Schedule (MBS).

Whilst occupational therapists utilise many of the same psychological therapies as other mental health professions, they are uniquely skilled in using 'occupations' to improve wellbeing. Whether a client presents with physical health problems, mental health problems – or indeed both – the core focus of occupational therapy remains enabling participation in the activities of everyday life.

By understanding the person's individual roles, circumstances and environments, occupational therapists support them to develop goals relevant to their unique situation. For example, occupational therapists can assist people with mental health conditions to find meaningful work and undergo training to improve their career options, particularly where their ability to remain engaged for a sustained period has been affected by their condition.

Occupational therapists working in mental health assist their clients to:

- Develop ways to enhance their social connectedness and community engagement;
- Develop or restore qualities such as assertiveness, self-awareness and independence;
- Manage stress and emotions, including coping with grief and loss; and
- Engage in activities and roles that they find meaningful; both leisure and vocational, paid or unpaid.

Social Prescribing

Many countries are implementing policies to integrate health and social services, recognising that siloed health, community and volunteer-run services and activities are inadequate to meet the increasingly complex health and social needs of patients (RACGP & CHF, 2020).

Social prescribing is "a means of enabling GPs [general practitioners], nurses and other primary care professionals to refer people to a range of local, non-clinical services" (RACGP & CHF, 2020, p. iii). Social prescribing can address key risk factors for poor health, including social isolation, unstable housing, multimorbidity and mental health problems (RACGP & CHF, 2020). These factors are associated with low engagement in preventive activities and low levels of self-management for medical conditions (RACGP & CHF, 2020).

Furthermore, estimates suggest that approximately 20 percent of patients consult their GP for what are primarily social problems (RACGP & CHF, 2020). These problems are not best addressed through a clinical or pharmaceutical response; rather, interventions should address the person's physical and social environment. Activities which they may benefit from include disease-specific or mental health support groups, health and fitness programs, Men's Sheds, volunteering, book clubs and more.

Occupational therapists are ideally placed to act as 'link workers', connecting clients to suitable groups or activities. In fact, social prescribing is core to the profession. For example, OTA members report having facilitated engagement between local Men's Sheds and older clients in rural towns. Notably, participation in Men's Sheds has been linked with decreased self-reported symptoms of depression among retired men (Culph et al., 2015).

Falls Prevention

Occupational therapists also prescribe assistive equipment and home modifications. These are interventions which can significantly reduce the risk of injurious falls. Between 2009 and 2010, one in every 10 days spent in hospital by a person aged 65 years or older was directly attributable to an injurious fall (AIHW, 2013). The average total length of stay per injurious fall incident was estimated to be 15.5 days (AIHW, 2013). According to one study, these hospitalisations typically incur costs of between $6,000 and $18,600 per incident (Watson et al., 2010).

An injurious fall can also be life threatening. Neck of femur (NOF) fractures – the most common kind of hip fracture – are associated with particularly high rates of premature death (AIHW, 2018). According to an Australian study, the mortality rate for patients admitted to hospital with a NOF fracture is 8.1 percent after 30 days and 21.6 percent within one year (Chia et al., 2013).

Even in less severe cases, a fall can impair an older person's long-term mobility and independence, often irreversibly. In such instances, they will require higher levels of assistance to continue living at home and may be forced to enter residential care. This situation is not only detrimental to the individual's quality of life, but also imposes a financial burden on an aged care system that is already failing to meet a growing demand (Royal Commission into Aged Care Quality and Safety, 2019).

A meta-analysis found that environmental interventions such as simple home modifications can significantly reduce fall risk, especially within high-risk groups (Clemson et al., 2008). Specifically, researchers observed a 39 percent reduction in falls among high risk participants and a 21 percent reduction overall (Clemson et al., 2008).

Evidence suggests such measures are also cost effective, especially when targeted to specific high-risk groups (Frick et al., 2010; Wilson et al., 2017).

Terms of Reference Response

1. Health outcomes, including comparative health outcomes

As the Australian population ages, our already overstretched health system and our hospital networks, will come under increasing pressure, particularly in rural settings. It is imperative, therefore, that Tasmanian Government policy focus less on the treatment of illness and more on the preservation of wellness to improve health outcomes in rural Tasmania.

Occupational therapists, with their expertise and experience in preventative care, and their holistic approach to a client's wellbeing, are uniquely placed to help ensure a sustainable and balanced mix of services is delivered across the whole of the health system, delivering the right care in the right place at the right time. They should, therefore, be afforded a prominent and strategic role in future policy making and in investment decisions. Regrettably, at the present time there is a significant under investment in occupational therapy services in rural Tasmania.

Enhancing health outcomes and health delivery systems also requires greater recognition of, and support for, quality state-based education and training for the allied health professions.

It is important that Tasmanians have local options to become an allied health professional and are able to complete courses that are responsive to community health needs across the state's different regions. The University of Tasmania via its Allied Health Expansion Project is currently exploring the range of allied health courses the College of Health and Medicine may offer.

In relation to occupational therapy, the work that has been undertaken to date and is still to be undertaken by the Allied Health Expansion Project includes:

1. Occupational Therapy Course Advisory Committee;
2. Occupational Therapy Statewide Forum;
3. College of Health and Medicine Approval to commence course development;
4. Codesigning a new program; and
5. Consultation and stakeholder feedback.

Work in progress includes:

1. New Course and Unit Proposal – UTAS approvals process;
2. UTAS Senate Course Approval – November 2020;
3. Full accreditation submission;
4. Accreditation Site Visit;
5. Accreditation Outcome;
6. Applications Open; and
7. Anticipated Course Commencement: February 2022.

While having an occupational therapy course at the University of Tasmania would be welcomed by OTA, it is unknown if the impact of COVID-19 on the entire university sector in Australia will impact the proposed 2022 start date, and this uncertainty should be considered as the workforce plan for occupational therapy is progressed.

While education and training are important elements of any workforce plan, it seems that the there is no acknowledgement of the other significant factors influencing recruitment, such as scope of practice, market exposure, visa or sponsorship assistance, comparable remuneration, working conditions, relocation support, and other recruitment incentives. These incentives could be particularly valuable in the rural Tasmania health system.

2. Availability and timeliness of allied health services / 3. Barriers to access to allied health services

Below is a snapshot of the occupational therapy workforce in Tasmania, based on the most recent data provided by the Commonwealth Department of Skills, Small and Family Business (May 2019).

Current labour market rating: Shortage

Employers recruiting occupational therapists in Tasmania were unable to fill the majority of their vacancies. Vacancies were located across Tasmania and were for a variety of settings, including public and private hospitals, aged care facilities and private practices.

All employers sought qualified (at the bachelor or master's level) and suitably experienced applicants who were registered, or eligible for registration, with the Australian Health Practitioner Regulation Agency (AHPRA).

Employers considered 30 percent of qualified applicants unsuitable due to a lack of required experience (for example, in a clinical setting or acute/sub-acute care, or the ability to work independently).

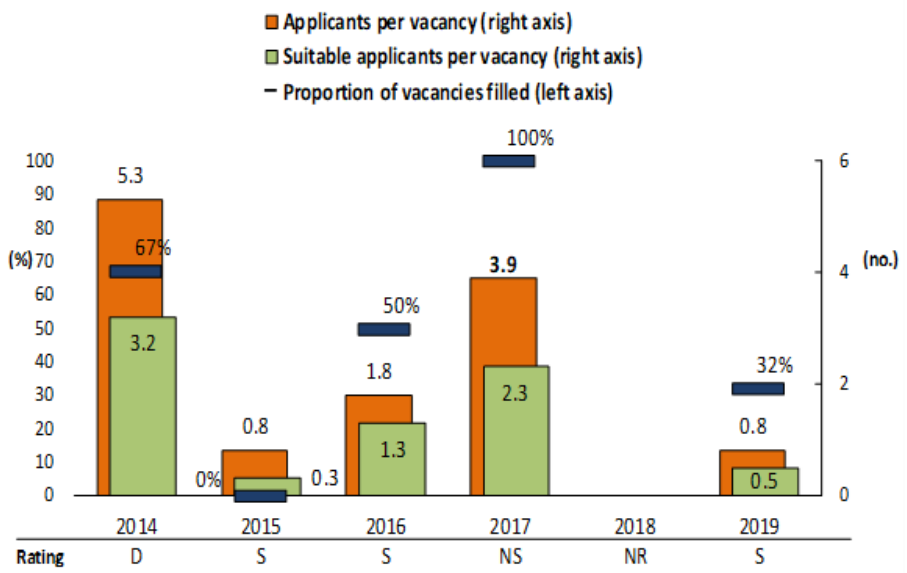
The majority of employers reported difficulties attracting suitable applicants for vacancies in Tasmania. Employers noted the perception that Tasmania offers limited opportunities for career development. In addition, there is currently no undergraduate training available in Tasmania for occupational therapists.

Demand and supply

The AHPRA Performance Report: Tasmania indicates, as of March 2019, there were 312 occupational therapists whose principal place of practice was Tasmania. There has been a steady increase in the number of occupational therapists: 309 as at March 2018, 291 as at March 2017 and 283 as at March 2016. The 2016 Census data shows 230 people identified as occupational therapists in Tasmania; 10.5 per cent were owner managers and 89.5 per cent were employees.

2019 Survey Results

Figure 1: Survey results, Occupational Therapists, 2014 to 2019



Key to ratings: D = Recruitment difficulty; S = Shortage; NS = No shortage; NR = No rating.

4. Planning systems, projections and outcomes measures used to determine provision of community health and hospital services

Despite the considerable amount of data collected in the healthcare system, that system continues to struggle to provide value-based, person-centred care. Data is collected in many different systems that often do not "talk" to each other, meaning clinicians can be denied important data.

There needs to be investment in enhanced access to data reporting and analysis support, enabling better informed decision making and service planning by occupational therapists and other allied health teams.

OTA concurs with the Health Informatics Society of Australia (HISA) 2019 position statement "Allied Health Professionals: the untapped potential in digital health" that states

"Allied health professionals are an untapped potential in digital health. We are uniquely positioned to maximise the benefits achievable from digital health. The time for action is now.
This position statement outlines four recommendations for immediate action.
1. Leadership - Create leadership roles in allied health informatics at major hospitals, public and private health services across the healthcare sector
2. Education - Develop informatics education for allied health
3. Teams - Ensure clinical informatics teams include a strong allied health presence to spark further innovation
4. Enable - Allied health informaticians to champion data quality standards, interoperability and information system governance"

With regard to planning services, there is also a need to engage meaningfully with consumers. One example of meaningful engagement with consumers is the Peter MacCallum Cancer Centre's development of a Consumer and Community Engagement Compass. This is a comprehensive strategy that covers all areas of community engagement for a three year period
https://www.petermac.org/sites/default/files/media-uploads/C%20C%20Engagement%20Compass.pdf

While consumers have expressed a willingness to be involved in the planning and delivery of Tasmanian healthcare services, there are currently no clear pathways for this to occur.

5. Staffing of community health and hospital services

OTA members working in the Tasmanian public health system have raised several issues of concern.

The public occupational therapy workforce full time equivalent (FTE) is insufficient to meet community need and is insufficient to support the health system. This is regrettable, as improved access to timely occupational therapy can reduce overall healthcare spending.

Furthermore, subsequent challenges in recruiting to occupational therapy vacancies in the Tasmanian Health System were seen as an opportunity to reduce FTE in the 2019 Affordable Budget Establishment (ABE). As an example, occupational therapy services in the North face a 29 percent reduction in FTE.

While staff movement towards private/NDIS practice has impacted on recruitment and retention, it is not deemed to be the key driver. The driver is the dissatisfaction that occupational therapists in the public sector are experiencing as a result of constricted scope of practice. The constricted scope of practice reflects insufficient FTE, throughput expectations and a focus on acute services.

6. Capital and recurrent health expenditure

A key factor which impacts on people's willingness to interact with those delivering mental health supports is the environment in which services are delivered. Housing mental health services in buildings that promote a message of respect would have a positive impact on the community's perception of mental healthcare.

At present, the physical environment of both Community Mental Health Services in the northern region of Tasmania and Child and Adolescent Mental Health Services (CAMHS) sends an indirect message that publicly-funded mental health services are not valued as highly as other medical services.

While significant improvements have been made to the Launceston General Hospital over recent years, there is now a stark contrast between the environments in which medical services and mental health services are provided. This can convey a sense that people with mental illness and the staff treating them are somehow less worthy of investment. This can impact the overall willingness, or lack thereof, of people to return and receive treatment in these environments, as well as the recruitment and retention of staff.

OTA understands that the building which houses CAMHS is more akin to an accounting firm than a place where children and their families are welcomed and provided with a health service.

According to OTA members, the building where adult and older person's mental health services are provided is in general disrepair. The roof leaks in various locations and has for many years now. The environment has the feel of a mental health facility of the 1950s rather than the twenty first century. There are holes in the walls in staff toilet areas where the plumbing has been fixed and the wall not patched, toilet cistern lids are missing and toilet roll holders broken. The central courtyard garden is often overgrown.

This reflects a failure to understand the impact that the physical environment has on the provision of a modern mental health service. Clinicians seek alternative buildings at times to see clients or run group sessions, as the CAMHS building is unsuitable. Hospitals could learn a great deal from other mental health services which have done significant work to make environments welcoming and appropriate for the services provided inside.

7. Referral to tertiary care including:
a. Adequacy of referral pathways;
b. Out-of-pocket expenses;
c. Wait-times; and
d. Health outcome impact of delays accessing care;

The referral system needs to be simple to understand, and access easy to obtain. One reform that could improve the accessibility and timeliness of occupational therapy services would be a single point of referral for occupational therapy in each region, streamed and triaged by skilled occupational therapists.

Older people experiencing mental health challenges, especially those living in rural and remote areas, encounter multiple issues when seeking well-timed access to the required services, as well as the time and duration limits imposed on service delivery. Early intervention is essential in the initial stages of ageing and decline, and can lead to significant cost reductions by keeping people out of hospital.

However, waiting times for services can be exceptionally long, particularly in rural communities. There should be increased access to health services for older Australians, particularly those which can be provided in the home rather than hospital.

There is a need for a shift in priorities and an investment in more occupational therapists in the public health system, to reduce wait lists and enable reasonable time to be spent with each client. With regard to waitlists, the website that provides outpatient waiting times only has a category for “Allied Health”. OTA would like to see this sub-categorised, with waiting times for each allied health profession.
http://outpatients.tas.gov.au/clinicians/wait_times

There are occasions when older clients should be seen in their own home, and while OTA acknowledges that providing such services often means occupational therapists see a smaller caseload, this drawback is outweighed by the longer-term cost benefits, most notably the avoidance of hospital admissions.

8. Availability, functionality and use of telehealth services

The Australian Government is to be commended for its timely amendments to the Medicare Benefits Schedule (MBS) that have allowed allied health professionals to deliver services via telehealth throughout the COVID-19 pandemic. This enabled the ongoing care of vulnerable Australians and ensured the short to medium term viability of many allied health practices.

In the case of occupational therapy, it appears the majority of services can be effectively delivered via telehealth. OTA is currently participating in a university-led study of just how efficacious such services are. Until such evidence-based findings become available, however, OTA is largely guided by the anecdotal evidence of highly experienced members – which is remarkably consistent. Members report that telehealth is well received by most – but not all – clients. Most – but not all – services can be delivered by telehealth very effectively.

OTA recognises the opportunities that technology presents for improved service delivery in rural, regional and remote areas. It should also be noted that e-mental health is an emerging area of practice for many occupational therapists and other mental health clinicians.

While the growth of telehealth might alleviate the problem of remoteness, there are obviously occasions when the health practitioner must be physically present with the client. This is particularly true of occupational therapists, who sometimes need to work with the client in the environment in which they are trying to function, such as their home, workplace or school.

Occupational therapists and other health professionals face a number of barriers to providing telehealth services to clients in rural and remote areas. These include access to videoconferencing technology in an appropriate clinical space; slow Internet speeds; and ensuring that patients have completed necessary tests and scans prior to a telehealth appointment. Older people may also require assistance to become familiar with the technology used to provide telehealth services.

The success of telehealth often depends on how clinicians adapt their practice and/or modify their services to work in a telehealth environment. There are a number of positive aspects, including improved care coordination for clients and the convenience of not having to travel a considerable distance to access services. OTA members report that, as a result of telehealth consultations, they can now see more clients in a day – a significant consideration in the context of a developing occupational therapy workforce shortage. Greater funding for telehealth service provision at both a federal and state level would also address many of the current challenges and might, in the longer term, prove a cost saving to the health system.

9. Any other matters incidental thereto.

OTA notes The Regional Australia Institute's recent launch of a campaign, backed by the Federal Government, aimed at encouraging metropolitan residents to move to regional and rural Australia.

Australian Bureau of Statistics data released in February 2020 showed capital cities had a net loss of 11,200 people from internal migration in the three months to September last year – the largest quarterly net loss on record.

As revealed in a recent article in *The Herald Sun*, a surge in the number of people moving from cities to regional and rural Australia is sparking concerns for an already strained rural health system. https://www.heraldsun.com.au/news/victoria/rural-health-system-concerns-over-population-surge-in-country-australia/news-story/5bba8c78b8fc78bed9626568d9908d2a

In this article, rural health groups acknowledge that while an increase in population is a welcome boost for rural economies, there are concerns that increased demand for services will result in poorer health outcomes.

According to National Rural Health Alliance Chief Executive, Gabrielle O'Kane, more needs to be done to ensure an "already impeded" rural health system can cope with an influx of residents. Ms O'Kane advises that Australia still needs to "close the gap in equitable health care for rural communities through research, policy development and clinical innovation, such as structural enhancements to funding models and better use of technology to overcome workforce shortages, and to improve affordability and access to services". Ms O'Kane hopes the renewed interest in rural and regional Australia will translate into quicker national health reforms.

The Royal Flying Doctor Service (RFDS) agrees that many rural and remote areas would not be able to handle a rise in population, noting that this may "put further strain on areas already struggling." It is essential that migration from cities also includes doctors, nurses, dentists, mental health practitioners and other clinicians to townships and communities that are trying to build health service capacity.

The RFDS wants to see all Australians have access to primary health care services within a sixty minute drive from their home. Currently, more than 65,000 people do not have access to a GP within that drive time. Furthermore, 42,805 do not have access to any health care services; 440,387 do not have access to a nurse-led clinic; 142,269 do not have access to dental services; and 106,848 do not have access to mental health services; within a sixty minute drive from their home.

OTA supports the comments of the National Rural Health Alliance and the RFDS. We believe that any migration from major cities needs to also attract federal and state funding for allied health, as there are already severe shortages of allied health services in rural communities, and any migration from metropolitan centres must result in further strain on these services.

References

Australian Government Department of Skills, Small and Family Business (2019). *Occupation report for occupational therapist in Tasmania*. Retrieved 15 March 2021. https://www.dese.gov.au/skill-shortages/resources/anzsco-2524-11-occupational-therapist-tas

Australian Institute of Health and Welfare. (2013). *Depression in residential aged care 2008-2012.* Canberra, ACT: Australian Government.

Australian Institute of Health and Welfare. (2018*). Hip fracture incidence and hospitalisations in Australia 2015-16.* Canberra, ACT: Australian Government.

Clemson, L., Mackenzie, L., Ballinger, C., Close, J. C., & Cumming, R. G. (2008*). Environmental interventions to prevent falls in community-dwelling older people: a meta-analysis of randomized trials*. Journal of aging and health, 20(8), 954-971.

Culph, J. S., Wilson N. J., Cordier, R., & Stancliffe, R. J. (2015). *Men's Sheds and the experience of depression in older Australian men*. Australian Occupational Therapy Journal, 62(1), 306-315.

Frick KD, Kung JY, Parrish JM, Narrett MJ. *Evaluating the cost-effectiveness of fall prevention programs that reduce fall-related hip fractures in older adults*. J Am Geriatr Soc. 2010 Jan;58(1):136-41.

Health Informatics Society of Australia (HISA) (2019) *Allied Health Professionals: the untapped potential in digital health.* Retrieved 15 March 2021. https://www.hisa.org.au/wp-content/uploads/2019/02/Allied-Health-Informatics-Position-Statement_draft.pdf

National Health and Medical Research Council (2018) *Economic evaluations of occupational therapy approaches for people with cognitive and/or functional decline.* Retrieved 15 March 2021. https://pubmed.ncbi.nlm.nih.gov/29532555/

Occupational Therapy Australia (OTA) (2017) Occupational Therapy Scope of Practice Framework. Retrieved 15 March 2021. https://otaus.com.au/publicassets/725829df-2503-e911-a2c2-b75c2fd918c5/Occupational%20Therapy%20Scope%20of%20Practice%20Framework%20(June%2017).pdf

RACGP and CHF (2020) *Social Prescribing Roundtable, November 2019: Report*

Royal Commission into Aged Care Quality and Safety. (2019). *Interim Report: Neglect. Volume 1.* Canberra, ACT: Commonwealth of Australia.

Royal Flying Doctor Service (2020*) Equitable Patient Access to Primary Healthcare in Australia*

Tasmanian Department of Health (2020*) Our HealthCare Future Consultation Paper.* Retrieved 15 March 2021. https://www.health.tas.gov.au/__data/assets/pdf_file/0010/416845/Our_Healthcare_Future_IAaCP_vf_21_Dec20.pdf

Wilson N, Kvizhinadze G, Pega F, Nair N, Blakely T (2017*) Home modification to reduce falls at a health district level: Modeling health gain, health inequalities and health costs*. PLoS ONE 12 (9):