COMPETENCY STANDARDS FOR OCCUPATIONAL THERAPISTS IN MENTAL HEALTH

Third Draft
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Prepared for

OT Australia,

the Australian Association of Occupational Therapists

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Section 1 Introduction

The Occupational Therapy Competency Standards for Occupational Therapists in Mental Health project was undertaken by OT Australia during 1998/1999. This report summarises the project, its scope, background, and the way in which these competency standards were developed. It then presents the competency standards, with a description of the specific domain and scope of occupational therapy in mental health, the range of competencies that reflect occupational therapy practice in mental health, the standard to which the competencies are set, and the attitudes, knowledge, and skills that underpin occupational therapy practice in mental health settings.

1.1 Structure of the Report

This report is organised in the following manner:

Section 1 Introduction: This section provides an introduction to this report, the project, its aims, and scope.

Section 2 Background: This section sets out relevant policy and conceptual frameworks that provide the context, within which the Occupational Therapy in Mental Health Competency Standards Project was developed and conducted. Specifically, it considers national mental health reform; education and training in mental health, including consumer and carer partnerships in mental health service provision, workforce education and training; occupational therapy education and training issues for mental health practice; and the development of competency standards in the mental health field and in occupational therapy as important contexts for this project.

Section 3 Methodology: This section reviews the project methodology. It outlines the key principles underpinning the conduct of this project, the approach taken to competency standards development, and the implementation of this project.

Section 4 Occupational Therapy in Mental Health: This section provides an overview of occupational therapy in mental health. It summarises the domain of concern, purpose, and scope of practice. It outlines the attitudes, knowledge, and skills that underpin occupational therapy practice in mental health. Together, these underpin the competencies of occupational therapists in mental health, which are summarised at the end of this section.

Section 5 Units of Competency: This section outlines the seven units of competencies that describe the competency standards expected of occupational therapists, who have been practising in mental health settings for two years. These competencies reflect the domain of occupational therapy, and underpinning attitudes, knowledge, and skills of occupational therapists, as demonstrated in occupational therapy practice in mental health articulated in section 4.

Section 6 Recommendations: This section sets out the implications of the report, makes recommendations about the potential applications of these competency standards, and identifies further developments that are needed.

1.2 Project Overview

The Commonwealth Department of Health and Aged Services provided funding during 1998 and 1999 to support OT Australia to develop competency standards for occupational therapists working in mental health. Occupational therapy practitioners and academics, consumers, carers, and employers have worked together to develop a set of competency standards that reflect the domain of occupational therapy in mental health, and the practice context of the current national mental health policy framework.

The aim of the project was to develop competency standards for occupational therapists working in mental health through:

- active involvement of consumers and carers in all aspects of the project;
- active involvement of experienced and newly graduated clinicians in workshops around Australia to maximise representation of the scope of practice;
- inclusion of expert academic and clinician contributions to ensure the breadth of contemporary perspectives on practice are reflected;
- critical incident interviews with occupational therapists with up to two years experience in mental health practice to validate the level and scope of the competency standards;
- consultation with external stakeholders, including consumer, carer, and employer groups;
- review of relevant national and state mental health policies, guidelines and practice standards, and current occupational therapy professional documentation.

The project endeavoured to adopt the central tenets of the Deakin Report (Deakin Human Services, 1999) as guiding principles, those being that mental health professionals need to learn about and value the lived experience of consumers and carers; recognise and value the healing potential in the relationships between consumers and service providers and carers and service providers; and recognise and involve consumers and carers as major players in practice, and in the education, training and development of the mental health workforce (Deakin Human Services Australia, 1997; 1999).

1.3 Scope of the Project

This report aims to articulate the specific domain and scope of occupational therapy in mental health, the range of competencies that reflect occupational therapy practice in mental health and the standard to which these are applied, and the attitudes, knowledge, and skills that underpin occupational therapy practice in mental health settings.

This set of competency standards for occupational therapists working in mental health is intended to reflect and describe the elements of competence and performance criteria expected of occupational therapists working in any area of the mental health system. To achieve this, the project aimed to consult with consumers, carers, and occupational therapists, whose experiences reflect the diversity of client groups, with whom occupational therapists engage in practice. However, it is acknowledged that adult mental health services are likely to have been more strongly represented in these consumer, carer, and occupational therapist consultations. Therefore, the document has been developed to incorporate the scope of occupational therapy practice in mental health, as described in section 4, and it is hoped that it will be useful to the range of occupational therapists practising in mental health. Nonetheless, it was beyond the scope of this project to develop competencies that describe all the elements of competence for occupational therapy practice in specialist settings. This document provides the framework for ongoing competency standard development in these areas.

These competency standards describe seven units of competency that are expected of occupational therapists, who have been practising in mental health settings for two years. More experienced therapists would be expected to demonstrate greater expertise in these areas of competency, and to be undertaking roles and tasks that are beyond the scope of these standards. Therefore, further work will be required to develop competency standards for more experienced occupational therapists in mental health practice, as well as for the aspects of practice in specialist settings that were beyond the scope of this project.

The units of competency described in this report build on underpinning attitudes, knowledge, and skills that are regarded as essential for occupational therapy practice in mental health, as well as for generic roles in mental health practice, such as case management/service coordination. While the units of competency do not describe elements specifically concerned with core competencies in these roles, occupational therapists at the level of competency described in this document would be expected to be competent in these generic roles. These standards do not describe units of competency specific to generic roles for several reasons:

- These competencies are intended to apply across the diversity of infant, child, adolescent/youth, adult, and older persons' mental health and disability support services, in which occupational therapists work. Generic roles are not applicable to all of these settings.
- Generic roles, such as case management, are an important part of the work of occupational therapists in many mental health settings, for which competency should be expected. However, the development of core competencies for mental health professionals, or competencies for such generic roles should appropriately involve consumers, carers, and members of the relevant mental health professional groups. This is beyond the scope of this project.
- In addition, existing projects, such as the work of University of Queensland (1997) and Struth, Irish and Hose (1998) in Warrnambool, have made progress in the description of core competencies for mental health professionals, and case management respectively. However, since they do not describe the elements of occupational therapy practice in mental health, this was viewed as a gap, which this project sought to address. Nonetheless, this previous work has been reviewed in the development of these competency standards for occupational therapists in mental health, and may be viewed as providing complementary competencies that might be used alongside these occupational therapy in mental health competencies, where relevant to the occupational therapists' position and role.

Formal assessment of occupational therapists' professional competence can only be undertaken by experienced occupational therapists with professional qualifications recognised by OT Australia since the underpinning attitudes, knowledge and skills, articulated in these competency standards as central to professional competence, are necessarily essential to its assessment. Feedback from consumers, carers, and other service providers should be sought in this process.

Additional intended uses of these competency standards include performance management and continuing professional development; curriculum development in undergraduate occupational therapy courses; and assessment and training of overseas-trained occupational therapists, or those re-entering the mental health workforce.

The competency standards outlined in this document are descriptive, not prescriptive, that is, they describe the competencies that occupational therapists demonstrate in the practice environment. They are not intended to limit the scope and development of occupational therapy in mental health practice, as the changing nature of the practice environment creates new opportunities, and places different demands on practitioners in mental health settings.

Section 2 Background

This section sets out relevant policy and conceptual frameworks that provide the context within which the Competency Standards for Occupational Therapists in Mental Health Project was developed and conducted. Specifically, it considers national mental health reform; education and training in mental health, including consumer and carer partnerships in service provision, workforce education and training; occupational therapy education and training issues for mental health practice; and the development of competency standards in the mental health field and in occupational therapy as important contexts for this project.

2.1 National Mental Health Strategy

Mental health problems and mental disorders are expected to affect one in five Australians during their lifetimes, as well as affecting many others lives indirectly (Australian Health Ministers, 1992a). More recent evidence from the National Survey of Mental Health and Well-Being (Australian Bureau of Statistics, 1997) indicated that the burden from mental health problems and mental disorders in Australian society is growing. Thus, of those meeting criteria for a diagnosis of mental disorder, less than half had used a health service in the last 12 months, and almost half had some degree of disability, suggesting unmet need for mental health care (ABS, 1997). This demonstrates that mental health issues are of concern for many individuals, families, and communities within Australian society, as well as challenging for governments, policy makers, educators, and service providers that seek to address them.

The Federal Government has been active in setting policy directions to address these mental health needs within the Australia community through its *National Mental Health Strategy,* which has defined the directions for development and reform of mental health care in Australia since 1992. The *National Mental Health Strategy* launched a national mental health reform agenda, agreed by all health ministers in recognition of the significant impact of mental health problems and mental disorders on individuals, their families, and the wider community, as well as on the Australian health system (Australian Health Ministers, 1992a). The shifting pattern of mental health service provision from institutional to community oriented care was also recognised as placing increasing demands on other community services, as well as specialist mental health services. The *National Mental Health Strategy* was articulated in four major documents:

- The *National Mental Health Policy* (Australian Health Ministers, 1992a), defining the broad aims and objectives to guide reform;
- The *National Mental Health Plan* (Australian Health Ministers, 1992b), describing a five year plan for implementing these aims and objectives;
- The *Mental Health Statement of Rights and Responsibilities* (Australian Health Ministers, 1991), outlining the civil and human rights framework underpinning the Strategy; and
- The *Medicare Agreements,* that discussed funding arrangements to support the reform agenda.

The priority areas for reform identified in the *National Mental Health Policy* (Australian Health Ministers, 1992a) related to: consumer rights; relationships and linkages between mental health, general health, and other community services; service mix; promotion and prevention; primary care services; carers and non-government organisations that provide support services; mental health workforce; legislation; research and evaluation; standards; monitoring and accountability. The *National Mental Health Policy* also articulated key underlying principles that provide the policy framework for service planning and development in mental health care:

- Services should be provided in a multifaceted and interdisciplinary manner to achieve good outcomes for persons with mental health problems, or mental disorder;
- People with mental disorders have potential for personal growth and the right to opportunities that support this growth;
- Every person with mental disorder should have the same civil, political, economic, social and cultural rights as everyone else in the community;
- The community and individuals within it have a justifiable right to protection;

- Positive consumer outcomes are the first priority in mental health policy and service delivery;
- Priority should be given to those with severe mental health problems and mental disorders;
- The quality and effectiveness of mental health services are enhanced when they are responsive to consumers and their communities, and create opportunities for their participation in decision-making about services developments, and services for individuals.
- Mental health service systems should be responsive to the varying needs of particular groups in the community;
- Positive consumer outcomes depend on informed and well trained mental health staff, and strong support from carers and advocates.

Substantial progress towards implementing mental health reforms, articulated in the *National Mental Health Strategy,* was achieved in the first five years of the Strategy (Australian Health Ministers, 1998). A *Second National Mental Health Plan* was launched for 1998 to 2003, to build on these achievements, and expand its focus within the original policy framework of the National Mental Health Strategy (Australian Health Ministers, 1998). The client focus of the *Second National Mental Health Plan* has been expanded to a broader range of people with high level needs, while priority areas for reform include:

- mental health promotion, including community education, in which the attitudes of mental health workers and mental health literacy within the community are targeted;
- mental illness prevention through early intervention, and population level measures;
- development of partnerships in service reform, planning, delivery, and evaluation between service providers, consumers and carers, and between mental health, general health, primary care, welfare, disability support, community support, and other government services;.
- quality and effectiveness of service delivery, including accreditation of services based on national standards for mental health services, the use of evidence-based practice, the development of measures of effectiveness, and mental health workforce education and training initiatives.

Building on the above policy framework, a consortium of the Australian Council on Healthcare Standards (ACHS), the Community Health Accreditation and Standards program (CHASP), and the Area Integrated Mental Health Service Standards (AIMHS) have developed national standards of practice for mental health services. The *National Standards for Mental Health Services* were developed as outcome oriented standards that could be applied to all mental health services across Australia in a range of ways, including:

- to enable accreditation of services;
- to provide mechanisms for service monitoring and quality improvement;
- to provide a blueprint for service development;
- to inform consumers and carers about what to expect of a mental health service; and
- to create consumer and carer feedback mechanisms (Australian Health Ministers' Advisory Council National Mental Health Working Group, 1996).

These standards are intended to reflect a strong commitment to values related to human rights, dignity and empowerment, their development having been guided by the principles contained in the United Nations' and Australian Health Ministers' respective statements on human rights of people with mental illness (Australian Health Ministers, 1991; United Nations General Assembly, 1992), as well as the National Mental Health Strategy (AHMAC's National Mental Health Working Group, 1996). The *National Standards for Mental Health Services* address issues of consumer and carer rights; safety; consumer and carer participation; promotion of community acceptance and reduction of stigma; privacy and confidentiality; prevention and mental health promotion; cultural awareness; service integration, coordination, and development; documentation; and issues related to delivery of care. The latter include accessibility, service entry and exit processes, assessment and review, and provision of a range of treatments and supports (community living, supported accommodation, medication and medical technologies, therapies, and inpatient care). Implementation of these standards is an identified goal of the *Second National Mental Health Plan*

(Australian Health Ministers, 1998). Therefore, they are of particular relevance to defining and assessing competencies in mental health practice.

Thus, the National Mental Health Strategy has encouraged reform on an extensive range of mental health issues, and endorsed a broad view of mental health issues. This has given clear recognition to an interdisciplinary framework for understanding and addressing mental health issues, which is broadly consistent with that of occupational therapy, although the national focus to date has not adequately addressed the occupational nature of human beings, or the significance of occupations for health and well-being (do Rozario, 1994a; 1994b; 1998a). Nonetheless, this policy context does highlight several areas that are specific interests of occupational therapists in mental health:

- *Consumers' and carers' rights.* Occupational therapy values the uniqueness, worth, dignity, and potential for change of all human beings, regardless of illness, disability, or disadvantage. Health is viewed in occupational therapy in relation to occupation (Wilcock, 1998). Opportunities to live, work, and participate in the community *through meaningful occupation* to the full extent of one's capabilities, without discrimination, are essential to health and well-being of consumers and carers. As such, access to meaningful occupation may be viewed as both a right, and as a means through which other rights may be expressed.
- *Partnerships with consumers and carers.* Occupational therapists espouse an approach to practice that is client centred, considers persons in their social and cultural contexts, and values the experience of everyday life of those with whom occupational therapists work. This perspective supports partnership with consumers and carers. Recent occupational therapy research has highlighted the gap between this vision and the realities of actual practice (e.g. Lyons, 1996; Mattingly & Fleming, 1994; Townsend, 1998). For example, Townsend's ethnographic study of occupational therapy practice in Canadian community mental health settings identified collaborative, participatory, and enabling aspects of occupational therapy practice. However, such empowerment practices were frequently overruled within the established and routine organisation of mental health services (Townsend, 1998). Within the profession, frameworks for evolving more empowering practices are currently being developed internationally. These include an *enabling* model of practice, originally developed in Canada, which is being applied in Australia (Townsend, 1998), and models for community work developed in Western Australia (do Rozario, 1994) and New Zealand (Scaletti, 1999). Such practice is supported by the development of client-centred assessment and outcome measurement tools, such as the Canadian Occupational Performance Measure (COPM) (Law et al, 1994). The policy framework of the Strategy, and national standards provide further impetus for their implementation in mental health practice.
- *Partnerships and linkages among mental health, general health, and community support services.* Occupational therapists recognise that mental health issues need to be addressed by understanding, and enabling persons within their physical, social and cultural contexts, and support the need for interdisciplinary and interagency linkages to address these issues (e.g. Fossey, 1998; Lloyd, Kanowski & Samra, 1998; MacDonald et al, 1998).
- *Cultural awareness.* Occupational therapists recognise cultural aspects of their work, acknowledging cultural dimensions to people's occupations (in their meanings, as well as the ways in which they are performed) and their interactions with individuals, families, groups, and organisations with whom they work (e.g. Fitzgerald, Beltran, Pennock & Williamson, 1997). The development of training for cultural competence in mental health practice is also being actively pursued (e.g. Fitzgerald, Mullavey-O'Bryne, Clemson & Williamson, 1997).
- *Service mix, mental health promotion and mental illness prevention.* Services that create and support opportunities for consumers, and those at risk of mental health problems, to live, work, and participate in the community *through meaningful occupation* to the full extent of their capabilities, and maximise the quality of their community living, are of long-standing interest to occupational therapists. Occupational therapists are taking active roles in identification of need, and service development in these areas in Australia (e.g. Farnworth, in press; Lloyd & Bassett, 1997; Lloyd, Kanowski & Samra, 1998; Lloyd & Samra, 1996).

- *Mental health workforce.* Occupational therapists are recognised members of interdisciplinary teams in mental health services. Occupational therapists also work in non-government organisations and other community services that provide psychosocial rehabilitation, education, recreation/leisure, employment training and support, supported accommodation, and community support to people with mental health problems, or mental illnesses.
- *Quality and effectiveness.* Occupational therapists support a view of mental health need that is broader than clinical diagnosis, and takes account of personal functioning, opportunities, resources, and suffering. The use of evidence-based practice, where it exists, is seen as important, as is recognition that the development of this evidence base may require use of a range of rigorous research and evaluation methodologies for the demonstration of outcomes that are meaningful to consumers and carers.

In summary, the National Mental Health Strategy, with its broad approach to mental health, articulates a number of key principles that are in keeping with the philosophical values and interests of occupational therapy. The policy framework of the Strategy provides impetus, and important support for the implementation of empowering practices consistent with the profession's vision. The challenges for occupational therapists are in implementing this vision with mental health services, and in ensuring that education and training fosters and supports such practice.

2.2 National Mental Health Education and Training Workshops

During the first phase of the National Mental Health Strategy (1992-1997), the importance of improvement in the quality and effectiveness of mental health services through the education and training of the mental health workforce was recognised. Deakin University's Deakin Human Services Australia was funded to conduct a project to explore the education and training needs of the mental health workforce, and to develop policy in relation to these. The project focused on the five major disciplines of mental health nursing, occupational therapy, psychiatry, psychology and social work. A series of National Mental Health Education and Training Workshops (Deakin Human Services Australia, 1999) were conducted during 1997 and 1998. In order to give voice to consumers and carers in the project, a key feature of the process was that there were be at least as many consumers, and at least as many carers, as there were representatives of any of the five disciplines involved in the workshops. They worked together with representatives of each discipline group, who included academics, practitioners, and members of professional peak bodies, such as OT Australia. These workshops adopted the following statement of principle:
The relationships between consumers and service providers and carers and service providers should be the primary focus of research in mental health. Consumers and carers are therefore major players in the education, training and development of the mental health workforce. (Deakin Human Services Australia, 1999, p.5).

Beyond this statement, consumers and carers defined two guiding principles for shaping the practice of all disciplines, on which assessment of the quality and effectiveness of education and training activities could be based. These principles were agreed to by all disciplines represented at the workshops, and reflect the concern of consumers and carers to foster attitudinal change as a priority. They emphasise respect for, and acknowledgment of another person's knowledge and lived experience, acceptance of a range of ways of viewing, or framing issues, and the quality of relationships, as opposed to technical aspects of care, as central to positive outcomes for consumers and carers. They are:

- mental health professionals need to learn about and value the lived experience of consumers and carers;
- mental health professionals should recognise and value the healing potential in relationships between consumers and service providers (Deakin Human Services Australia, 1999, p.5).

Attitudes, knowledge, and skills common to all disciplines were identified and articulated during the Deakin project workshops, of which the attitudes of staff members towards their ways of working with consumers and carers were viewed as centrally important. Given their importance as context for describing profession-specific competencies, these attitudes, knowledge and skills are listed below:

Attitudes common to all disciplines

- Treat consumers and carers with respect and dignity, as demonstrated by acknowledging the knowledge and lived experience of consumers about their mental health, of carers about consumers' mental health, and of consumers and carers about the mental health system;
- Recognise the rights of consumers and carers, as demonstrated by complying with regulations and legislation protecting their rights, recognising and treating consumers and carers as persons, and maintaining optimism in their work to foster hope;
- Take responsibility for their own attitudes and behaviour, as demonstrated by acknowledging their prejudices, limitations, and lack of knowledge, commitment to professional development and reflective learning.

Knowledge common to all disciplines

- lived experience of consumers and carers;
- mental illness, its causes, epidemiology, and approaches to treatment;
- historical, cultural, social and political contexts for mental health and the treatment of mental illness;
- cultural and social diversity in attitudes of groups to mental illness, the nature of interventions and family relationships;
- qualitative and quantitative research and evaluation methodologies;
- ethical and legislative frameworks for practice;
- policies affecting the assessment, treatment and welfare of people with mental health problems;
- strategies for integrating services.

Skills common to all disciplines

- active listening to consumers and carers;
- establishing and maintaining therapeutic partnerships with consumers and carers;
- reflecting on own practice, and using knowledge of self;
- communicating effectively with individuals and groups, and in organisational and educational contexts;
- negotiating and advocating;
- planning, managing, and evaluating programs with individuals and within the system;
- managing resources, human and material;
- using a range of problem-solving and decision-making strategies;
- establishing and maintaining networks;
- recognising and using the knowledge and skills of others, and working effectively in teams;
- facilitating consumer and carer participation in decision-making and evaluation;
- taking account of the culture and beliefs systems of consumers and carers in assessment and service provision;
- assessing needs and risks;
- practising within ethical and legislative frameworks.

(Deakin Human Services Australia, 1999, p.65-66).

Occupational therapy specific attitudinal attributes relating to the above principles were also identified by consumers and carers. There was recognition that occupational therapists "talk our language" (Ciolek, in Deakin Human Services Australia, 1999, p. 40) but discrepancies between occupational therapy's *thinking* and *actions* in practice, as previously discussed, and the need for attitudinal change were also identified.

Attitudinal attributes of occupational therapists identified by consumers and carers included:

- *attitudinal attributes:* openness to different perspectives, to engaging in dialogue, and to changing self; willingness to seek out information about lived experiences of consumers and carers, as well as acceptance and respect for this information; willingness to see consumers as persons, to

relinquish power in relationships, and to inform consumers and carers about their rights, service choices, and options; optimism and hopefulness.

Distinctive occupational therapy knowledge and skills required for entry level mental health work were proposed to include:

- *occupational therapy knowledge*: knowledge of human occupation, creative problem-solving, program development through occupational analysis, and specific resources for occupational therapy practice;
- *occupational therapy skills*: ability to share occupational therapy resources in a mutual educational process with consumers, carers and other disciplines; ability to analyse occupations, implement occupation related assessments and interventions, and provide occupational therapy services at individual and systems levels; ability to modify physical and social environments; and ability to facilitate creativity.

(Ciolek, in Deakin Human Services Australia, 1999, p. 41-42).

Since the Deakin project, the Commonwealth Government has provided leadership and support in the development of professional competencies to the occupational therapy and social work professions. The occupational therapy competencies in mental health project described in this document are the outcome of this support.

2.3 Occupational Therapy Education and Training for Mental Health Practice

Professional competence is intimately linked with the education, opportunities for professional development, and mechanisms for ensuring and maintaining standards of practice within the profession. Hence, these are briefly reviewed as important context for the development of occupational therapy competency standards in mental health.

Occupational therapy education programs are located in most states/territories of Australia, the exceptions currently being Tasmania and the Northern Territory. Occupational therapists usually complete a four year undergraduate degree in occupational therapy. Recent developments at some universities mean people are now able to obtain entry level qualifications in occupational therapy by Masters degree. Occupational therapy programs provide an education to develop knowledge and skills to understand a broad range of health and social issues that impact on people's participation in their occupations, and to work collaboratively with individuals, caregivers, and other support systems to enable their occupational functioning. This includes consideration of physical, psychosocial, cultural and environmental factors that impact on occupational performance, and functioning. Acquisition of knowledge related to mental illness, its impact on functioning, mental health service models and systems, and the development of skills for understanding mental health problems, addressing occupational issues related to them, and skills for undertaking generic, as well as occupational therapy specific service provider roles in current mental health service systems are included in these curricula. Some supervised practice in mental health services is expected for accreditation of these undergraduate degree curricula, as set by the World Federation of Occupational Therapists (WFOT, 1996).

There is considerable variation between occupational therapy degree curricula taught at universities within Australia, and the information for detailed comparisons of occupational therapy education for mental health practice is not readily available. A recent national mental health training audit reported occupational therapy programs involve consumers and carers in classroom-based learning, although funding levels limit their involvement (Deakin Human Services Australia, 1999). A particular cause for concern is that some programs do not routinely include mental health fieldwork practice, according to this audit, despite the WFOT standards referred to above. These guidelines may be relatively loosely interpreted, given current resource constraints, and expansion in the number of occupational therapy courses with consequent increasing demand for mental health placements are likely to be contributing factors (Ciolek, in Deakin Human Services Australia, 1999). In addition, adequate provision of occupational therapy student placements in mental health

depends on the efforts of both university programs and mental health service providers. Further, the regulation of the professional practice of occupational therapy is limited, there currently being legislation providing for registration in only three states and one territory (Qld, SA, WA and NT).

OT Australia, the professional peak body, is active in addressing standards and accreditation issues, having developed Competency Standards for Entry Level Occupational Therapists (AAOT, 1994) that provide guidelines for maintaining standards of practice. It currently uses these competency standards, as well as the WFOT (1996) standards to accredit occupational therapy education programs in Australia. In addition, it is developing accreditation processes for the profession, which aim to encourage continuing education and professional development activities, as part of maintaining standards of practice.

Postgraduate education opportunities in occupational therapy are currently provided by most of the universities that offer undergraduate programs. These include research and coursework programs, with some specialist courses or subjects related to mental health practice, although availability of discipline-specific postgraduate courses in mental health practice are still quite limited. Postgraduate courses, such as in community mental health, case management, psychiatric disability support, child and adolescent, family, and transcultural aspects of mental health practice, are also open to occupational therapists practising in mental health settings to undertake further professional development in the mental health field. These provide important interdisciplinary education opportunities, but may not specifically address the needs of individual disciplines.

Occupational therapy continuing education opportunities are offered by OT Australia, nationally and at state levels, as well as in universities and workplaces. A variety of other training, such as in family therapy, counselling and psychotherapies, groupwork, creative arts and adventure-based therapies, are frequently undertaken by occupational therapists practising in mental health settings. Conferences, such as the annual Mental Health Services conference of Australia and New Zealand (TheMHS), which bring together and foster dialogue between consumers, carers, service providers, managers, and policy makers, should also be recognised as making a valuable contribution to the education of mental health professionals, in particular to their learning about the lived experiences of consumers and carers, about consumer participation and the development of partnerships in services. Occupational therapists in mental health practice have actively supported and contributed to the organisation of TheMHS conferences, as well as being regular presenters.

Thus, the culture of life-long learning for occupational therapists, including those practising in mental health, is being encouraged through the provision of these educational and professional development opportunities, and is supported by OT Australia's commitment to professional accreditation. Hence, continuing professional development, including post-graduate studies, continuing education courses, conferences, and supervision and mentorship are seen as important avenues for the maintenance of competency and standards of practice among occupational therapy mental health practitioners, as well as to enabling them to be responsive to emerging needs and changing service environments.

2.4 Developing Competency Standards: Existing Projects

A number of Australian competency standards projects in the mental health field, as well as in occupational therapy, have informed this project:

a) Competencies projects in the mental health field
Projects have been undertaken in several states, each seeking to define core competencies in relation to some aspects of mental health practice, although few, if any, have been developed or implemented at national level in Australia. A number of other documents were reviewed, including those of the Community Services and Health Industries Training Board (1995; 1997a; 1997b). Some developments that provide relevant and useful background to the present project include:

Queensland Community Services and Health Industries Training Council (1997). Professional Development Strategy for Adult Mental Health Services: Competency Standards. Brisbane: Author.

This project aimed to describe the generic knowledge and skills base of professional practice in mental health, as well as to identify discipline specific areas of knowledge and skills. Although the central importance of attitudes to practice have not been emphasised, unlike in the Deakin project previously discussed, its description of generic underpinning knowledge and skills for mental health practice provided a useful basis, on which the present project could build.

The major areas of underpinning knowledge for all disciplines identified by this project included knowledge of mental health and mental illness, ethical and legal aspects of practice, organisational requirements, and environmental issues that impact on practice. Underpinning skills for all disciplines related to effective interpersonal communication; cultural competency; consultation, collaboration, and advocacy; effective networking and work within teams; management of conflicts and competing demands; clinical assessment, intervention planning, problem-solving, and appraisal; psycho-education; and involvement of consumers and carers in service development, delivery, and evaluation.

Warrnambool and District Base Hospital Psychiatric Services Core Competencies Project (Struth et al, 1998)
This project is current work in progress, reported at TheMHS conference in 1998. It aims to identify core competencies of skill and knowledge required by mental health practitioners in the current service delivery framework, and to develop processes for measuring competency standards of clinical staff. This project has involved representatives of the same five disciplines, as participated in the Deakin project, working across child and adolescent, adult, and aged care services, however, no consumer or carer involvement was reported. It built on previous work of the Psychiatric Services Training and Development Unit (1996) in Victoria that described the core components of case management. The team prioritised five key components of work as fundamental to case management: Mental state examination, risk assessment & management, need assessment/identification, individual service planning and review, and relapse prevention. They are currently developing competency standards for each component.

Such work will provide useful, and complementary competency standards to those developed by discipline specific competency projects such as this. Indeed Struth et al (1998) argued strongly that such generic core competencies represent only a first step towards ensuring quality in service provision, and that "discipline specific competencies are paramount if interdisciplinary teams are to operate most effectively" (p.116).

b) OT specific competencies and standards projects:
OT Australia, the profession's peak body, and occupational therapists in mental health practice are currently actively engaged in developing quality assurance and accreditation mechanisms, including competency standards development. Relevant projects include:

Australian Association of Occupational Therapists (AAOT). (1994). Australian Competency Standards for Entry Level Occupational Therapists. Melbourne, Victoria: Author.
This project described professional competency standards developed and field tested by the professional association in 1992 – 1994 for entry-level occupational therapists, that is occupational therapists within their first two years of practice. It sets out units of competency in seven areas, providing a basis for further developments to define competency standards within specific practice areas in occupational therapy. They include:

- professional attitudes and behaviour;
- assessment and interpretation of occupations, roles, performance and functional level of individuals and groups;
- implementation of individual and group interventions;
- evaluation of occupational therapy programmes;
- documentation and dissemination of professional information; and
- management of occupational therapy practice.

This project was an important beginning in the process of profiling areas of professional competence within the profession. These competency standards may be used to articulate the professional competence of entry-level occupational therapists. However, the document uses language that tends to reflect an expert-driven model of practice. Hence, it does not adequately reflect the values and the key principles identified as central to mental health practice at the Deakin workshops, previously discussed, or practice based on partnerships with consumers and carers. Therefore, the present project has sought to build on this earlier work to develop Occupational Therapy Competency Standards for Mental Health that are more reflective of these values and attitudes, and take account of the particular contexts of practice in mental health settings.

Standards of practice for occupational therapists in psychiatry (Anson et al, 1992)
An earlier project, completed by senior occupational therapists of the Office of Psychiatric Services, as the governing body of mental health services in Victoria was then known, produced a set of standards for occupational therapists working in psychiatric services in 1992. They were based on the framework of the World Health Organisation standards in quality assurance (WHO, 1985), and reflected the outcome of a two year project examining standards of practice. These standards describe six elements of occupational therapy practice in mental health: integrated approach, individual and group psychotherapeutic strategies, the environment, personal independence, education, and professional practice. As to be expected, given the policy developments, mental health reform, and consequent changes in mental health services since 1992, these standards do not reflect the current range of mental health service contexts, in which occupational therapists practice. Consequently, they have been viewed as in need of revision within the profession.

There are active forums or special interest groups concerned with occupational therapy in mental health within most states and territories in Australia. These are active in examining occupational therapy practice issues in mental health settings; defining occupational therapists' distinctive role and contribution to mental health; addressing opportunities and challenges in service provision an era of change; and professional development issues. OT Australia also has established a National Advisory Group on Mental Health that contributes to examination of these issues.

In conclusion, the current project provides a timely opportunity for the revision and expansion of existing occupational therapy competency standards to serve occupational therapists practising in mental health services, which are responsive to the current national policy and service contexts.

Section 3 Methodology

This section reviews the project methodology. Firstly, it provides descriptions of the key principles underpinning the conduct of this project, and the approach taken to competency standards development. Second, the implementation of this project is outlined.

3.1 Key Principles Underpinning the Development of the Project

The project endeavoured to adopt the central tenets of the Deakin Report (Deakin Human Services, 1999), that mental health professionals need to learn about and value the lived experience of consumers and carers; recognise and value the healing potential in the relationships between consumers and service providers and carers and service providers; and involve consumers and carers as major players in practice, and in the education, training and development of the mental health workforce (Deakin Human Services Australia, 1997; 1999). This project recognised partnership with consumers and carers as central to the project, involving and remunerating them throughout the process.

The project was also guided by principles drawn from current national mental health policies, guidelines and standards for practice, and sought to build on existing professional documentation related to ethical and competence-based standards for practice, as well as contemporary perspectives on occupational therapy in mental health.

These key principles have guided selection of the content and the language used throughout the competency standards document.

Therefore the aim of the present project was to develop competency standards for occupational therapists working in mental health using the above mentioned principles in the following ways:

- active involvement of consumers and carers in all aspects of the project;
- active involvement of experienced and newly graduated clinicians in workshops around Australia to maximise representation of the scope of practice;
- inclusion of expert academic and clinician contributions to ensure the breadth of contemporary perspectives on practice are reflected;
- critical incident interviews with occupational therapists with up to two years experience in mental health practice to validate the level and scope of these competency standards;
- consultation with external stakeholders, including consumer, carer, and employer groups;
- review of relevant national and state mental health policies, guidelines and practice standards, and current occupational therapy professional documentation.

3.2 Framework for the Development of Competency Standards

A broad concept of competency was adopted that includes the application of required knowledge, skills and attributes to all aspects of task performance, task management, contingency management and work roles and environments. Competency standards are achievable and not ideal standards. They are expressed in terms of outcomes and focus on what the employee is able to demonstrate in the workplace. (DEET, 1992; Emery, 1993).

Competency standards are different from service standards, however they enhance the capacity of organisations to achieve other standards by ensuring professional practice is undertaken by competent practitioners. Competency standards describe the knowledge, skills, abilities and attitudes realistically expected of the worker in the workplace. They emphasise what workers are able to do, their capacity to do this in a range of contexts, and their ability to transfer and apply knowledge, skills and attitudes to new situations and environments. Competency standards are

expressed in outcome based and measurable terms, that is, they focus on what the employee is able to demonstrate.

The format of competency standards comprise five parts: a unit of competency, elements of competency, performance criteria, the range of variables, and evidence guide or cues.

- the *unit of competency* describes the general area of competency;
- the *element* describes outcomes that contribute to the area of competency;
- the *performance criteria* specify the level of performance; and
- the *range of variables* and *cues* are optional and describe examples of the context or critical aspects of performance. Ranges of variables and cues can only provide examples, and cannot represent all possibilities. Given the scope of occupational therapy in mental health, these have not been outlined for each unit of competency in this document.

The concept of competency adopted in developing these particular standards is broad in that it is not restricted to narrow task skills, but includes all aspects of work performance. From this broad perspective, work performance has four main components:

- task skills - the requirement to perform individual tasks
- task management skills - the requirement to manage a number of different tasks within the job
- contingency management skills - the requirement to respond to irregularities and breakdowns in routines
- job/role environment skills - the requirement to deal with the responsibilities and expectations of the work environment.

These components are reflected in the Elements and Performance Criteria associated with each Unit of Competency identified in the Competency Standards for Occupational Therapists in Mental Health in sections 4 and 5 of this document. Performance criteria make explicit the required level of competence, and cues function as a guide for assessors. They do not define the strategies or techniques used to make the assessment of competence.

3.3 Project Implementation

The research methods applied in the development of the competency standards included literature review, critical interview techniques, functional analysis, and modified nominal group technique. Triangulation of methods ensured a reliable, systematic and comprehensive consultation process.

The Commonwealth Department of Health and Aged Services provided funding to support OT Australia to develop the competency standards. The project was guided by a Steering Committee representing occupational therapy practitioners and academics, consumer, carer, and employer groups. The consultancy team included a project officer with expertise in occupational therapy practice in mental health, understanding of the national mental health reform agenda, and project management and research skills, and a consultant with considerable expertise in competency standards design and development. The chairperson of the steering committee having experience in competency standards design and development, occupational therapy practice in mental health and understanding of national mental health and training reform agendas, provided project management oversight.

Consumer and carer participation in the project was sought at various levels. There were consumer and carer members on the project steering group and consumers and carers participated in all consultation workshops. Individual consumers and carers, as well as consumer and carer organisations, provided feedback contributing to the development of this document.

Participation of occupational therapists in the project was also sought on the project steering group. Experienced practitioners in mental health practice participated in all consultation workshops and practitioners with 1-2 years experience in mental health practice participated in critical incident interviews. In addition, many individual occupational therapists, as well as

occupational therapy services, occupational therapy academics, and employer organisations, provided feedback contributing to the development of this document.

The peak functional analysis workshop was facilitated by the project consultant in December, 1998. Thirteen occupational therapists to represent each state and territory and the diverse practice areas, two consumers and two carers participated. The information generated by the functional analysis method used at this workshop was then refined at six state refinement workshops held during March-April 1999. Consumers and carers, as well as practitioners from across the range of mental health practice settings participated in each workshop. Broad representation of occupational therapists in mental health was achieved by sending invitations to occupational therapists directly, to mental health services, state professional associations and special interest groups, occupational therapy education programs, and the OT Australia's National Advisory Group in Mental Health. Similarly, consumers and carers input was sought through letters and phone calls to national and state consumer and carer organisations, and to consumer advisory groups at mental health services level.

Each workshop was facilitated by either the chairperson of the steering committee, project consultant, project officer, or a member of the steering committee. There were over seventy participants in these six refinement workshops. Modified nominal group technique was used to provide the structure to ensure all participants' involvement and contributions were acknowledged (Anderson & Ford, 1993).

After the refinement workshops, twenty critical interviews with recently graduated occupational therapists working in a range of mental health settings were conducted by the project officer. The interviews ensured that statements developed in the workshops were grounded in practice and did not overlook important aspects of practice. The collated information from the refinement workshops and interviews was analysed by a working party in May 1999, which involved members of the Steering Committee and a panel of three additional experts in the field of occupational therapy in mental health.

The writing team evolved from this working party to ensure the production of a comprehensive and coherent document which would reflect best practice. Two drafts of the document were circulated to occupational therapists, mental health services, state professional associations, special interest groups, occupational therapy education programs, and the OT Australia's National Advisory Group in Mental Health, as well as to national and state consumer and carer organisations, and consumer advisory groups. This feedback contributed to the refinement and revision of the document. A third draft was then circulated to key stakeholders, academic programs, organisations and individuals, who provided feedback and comments on the previous draft, and others who sought to make comment.

Section 4 Occupational Therapy in Mental Health

This section provides an overview of occupational therapy in mental health. It summarises the domain of concern, purpose, and scope of practice. It then outlines the attitudes, knowledge, and skills that underpin occupational therapy practice in mental health. Together, these underpin the competencies of occupational therapists in mental health, a summary of which are provided at the end of this section.

4.1 Occupational Therapy Domain of Concern

The domain of occupational therapy is concerned with the occupational dimension of people's lives. Occupation, as used here, refers to the actions of seizing, taking possession of, and occupying time, and the spaces, and roles in one's life (The Oxford English dictionary, 1989). In this sense, occupations include actions that people perform to occupy their homes, workplaces, and the places where they participate in education, and recreation or leisure, which allow meaningful use of time and assumption of life roles (Fisher, 1998). As such, occupations are by nature multi-dimensional, their meaning, and the contexts (environment) in which they are performed being as much part of an occupation as the performance dimension.

The occupational dimension of people's lives contributes a fifth and vital perspective to the existing biological, psychological, cultural and social models of health and well-being that many disciplines and practitioners utilise in their work. This occupational perspective recognises that human beings are essentially occupational beings, who use occupations as the means for interacting with their worlds, creating and maintaining their sense of self, for survival and maintaining health. Engagement in occupation, through the many activities, tasks and roles of life, enables human beings to learn, adapt, cope with, change, grow, and transform their abilities and life skills, and to influence their overall functioning. It is through discovery, engagement, experimentation, and enactment in life's occupations, be they active or reflective, that human beings realise and create their inherent potential and quality of life. Hence, environments that support occupational development can also enhance functioning, health and quality of life.

Occupational therapists are health and community service providers whose main contribution is concerned with enabling occupation. According to the World Health Organisation's (WHO, 1998) revised classification of functioning, ICIDH-2, functioning may be classified in terms of impairments, activities, participation, and contextual factors that influence each. In these terms, occupational therapists are concerned with enhancing functioning primarily related to peoples activity performance and activity limitations, their participation in society and participation restrictions, and the personal and environmental factors that either support or create barriers to their activities and participation. Hence, occupational therapists consider the physical, intrapersonal, interpersonal, and environmental dimensions that influence functioning and occupational development. Through the use of occupational analysis, skills development, life-style redesign and environmental adaptations, occupational therapists work collaboratively with consumers and carers to enable and support the development of a greater sense of self, health, wellness, and community living options.

The domain of occupational therapy in the mental health field also reflects this focus. It is concerned with understanding and addressing:

- the occupational consequences of mental health problems and mental illness;
- the occupational needs of people, who are at risk, and have mental health problems and mental illness; and
- the ways in which people's environments support and restrict their functioning, recovery, and occupational development.

The domain of occupational therapy in the mental health field is also concerned with the development and use of the evidence base for practice in these areas. Occupational therapists support a view of mental health need that is broader than clinical diagnosis, and takes account of

personal functioning, opportunities, resources, and suffering. Therefore, they recognise that the development of this evidence base requires use of a range of research and evaluation methodologies to demonstrate outcomes that have meaning and relevance to consumers and carers.

4.2 Occupational Therapy Practice: Key Purpose Statement

Occupational therapists are health and community service specialists, whose work involves facilitating occupational development and lifestyle redesign with individuals, groups, organisations and community systems. Occupational therapists work in collaboration with people and systems to create and maintain ways of living, learning, playing, working, and relating that are meaningful, satisfying, and contribute to wellness.

Occupational therapists in mental health work collaboratively with consumers, carers, and service providers. They support and enable consumers and families to create and maintain ways of living, learning, playing, working, and relating that enhance their abilities to respond to the challenges, opportunities, and demands of their worlds; minimise the impact of mental health problems or mental illness; and contribute to their wellness. Occupational therapists contribute an occupational perspective in their work with individuals, families, groups, teams, and organisations, whether in early intervention, crisis intervention and prevention, acute care, case management, psychoeducation, family intervention, rehabilitation, residential care, recreational or vocational services.

4.3 Scope of Practice in Mental Health

Occupational therapists work collaboratively with people, who experience distress, illness, disability, and developmental delay, their occupational consequences, and occupational deprivation, as well with people who desire to further develop their existing skills, and options for occupational development. This includes working with:

- individuals, families, social groups, organisations, and communities;
- people across the lifespan - including infants, children, adolescents/youth, adults, and older persons;
- people in their homes, schools, workplaces, and other community settings, as well as in hospital and community health care environments;.
- people, who are consumers, their families, other carers, and support networks, in a collaborative manner; and
- interdisciplinary and interagency teams, community support services, and other community organisations in collaborative and consultative ways.

Occupational therapists' practice settings include:

- acute mental health care - including inpatient and community services;
- rehabilitation services - including inpatient and community services;
- specialised services - including forensic, dual diagnosis/disability, women's mental health;
- services for at risk groups, such as survivors of abuse, torture and trauma, and those who are homeless;
- private and non-government services - including mental health care, residential care, respite, disability and community support services;
- specific types of interventions - including early intervention, crisis intervention and prevention, case management, and psychoeducation, family intervention, rehabilitation, residential, recreational, and vocational services;
- mental illness prevention and mental heath promotion programs - including in schools, workplaces, community services;
- service development and management;
- service quality improvement, evaluation and research;
- public policy development, implementation, and evaluation.

4.4 Occupational Therapy Underpinning Attitudes

The underpinning attitudes of occupational therapists are seen as central to achieving positive outcomes for consumers and carers. Of primary importance, occupational therapists' practice is expected to reflect the principles of valuing the lived experience of consumers and carers, valuing working in partnerships with consumers and carers, and valuing the healing potential in these relationships in all aspects of their work.

Occupational therapists demonstrate the underpinning attitudes and values articulated for all mental health professionals, as articulated by the Deakin project, *Learning together: Education and partnerships in mental health* (Deakin Human Services Australia, 1999) and described in Section 2.2 of this document. They emphasise respect for, acknowledgement and genuine valuing of another person's knowledge and lived experience, acceptance of a range of ways of viewing, or framing issues, and the quality of relationships as important for achieving positive outcomes for consumers and carers. Therefore, occupational therapists will:

- Treat consumers and carers with respect and dignity, as demonstrated by seeking ways to genuine value and acknowledge the knowledge and lived experiences of consumers, of carers about consumers' lives, and of consumers and carers about the mental health system and the systems/environments in which they live;
- Recognising the rights of consumers and carers, as demonstrated by complying with regulations and legislation protecting their rights, recognising and treating consumers and carers as fellow human beings, and maintaining optimism in their work to foster hope;
- Take responsibility for their own attitudes and behaviour, as demonstrated by acknowledging their power, prejudices, limitations, and lack of knowledge, and their commitment to change and growth as a result of professional development, and reflective learning.
- Share power in relationships with consumers and carers, as demonstrated by informing consumers and carers about their rights, service choices, and options, sharing occupational therapy resources in a mutual educational process with consumers and carers, and collaborating with consumers and carers to facilitate their decision making and advocacy about service choices, and options.
- Advocate for justice issues in the allocation and distribution of resources within services and inclusion of consumers and carers at all levels of service planning, delivery, review, and evaluation.

In addition, it is assumed that occupational therapists in mental health demonstrate the range of professional, ethical and personal qualities that are expected of occupational therapists, regardless of the work setting. Therefore, occupational therapists in mental health comply with the Code of Ethics set out by OT Australia (1996) with respect to their relationships with, and responsibilities to patients or clients; professional integrity; professional relationships and responsibilities; and professional standards.

4.5 Occupational Therapy Underpinning Knowledge

Occupational therapists have an occupational perspective on health, which is of necessity holistic since occupation influences mind and body in an integrative way (Wilcock, 1998). Through the use of everyday activities and rituals, which are often taken for granted, or seen as mundane, individuals at every developmental level, as well as systems such as communities, can develop the necessary skills, knowledge, and abilities for effective living. This developmental process involves acquiring, adapting, and maintaining the performance capacities, skills and habits required in effecting activities of self care, daily living, sexual well-being and intimacy, play, learning, work, and socialising. These activities are embedded within the larger context of how people live their lives. So this developmental process is dynamic, and may involve choosing, creating, and living harmoniously with a new or adapted role, social membership, lifestyle, vocation, community, and

environment. Throughout peoples' occupational development there is recognition of their intrinsic need to live lives that are healthy, meaningful, satisfying, productive and contributing, creative, communal, ecologically sustaining, playful and enjoyable (do Rozario, 1994a; 1994c).

To facilitate occupational development, occupational therapists use knowledge of occupation, the capacities, skills, and habits required for effective performance, as well as the intrapersonal, interpersonal and environmental dimensions that influence participation in occupations. For occupational therapists, knowledge of people's lived experience is as necessary as knowledge of their illness, disability, or developmental delay, for understanding their occupational difficulties, and finding ways to enable them in their occupations.

Occupational therapists in mental health practice have underpinning knowledge of occupation and occupational therapy in common with other occupational therapists. They use their occupational perspective in addressing more specifically the interests, challenges, and difficulties related to mental health, mental health problems, and mental illness, as referred to in the Second National Mental Health Plan (Australian Health Ministers, 1998).

Specific knowledge underpinning occupational therapy practice within mental health contexts includes knowledge of:

- Occupation and its interrelationships with health
- Occupation-focused frames of reference, assessments and interventions
- Frames of reference that inform understanding of teaching and learning, human behaviour, human development, and social systems
- Health related models including medical, rehabilitation, health promotion, wellness, and community models
- Lifestyle redesign approaches involving play, education, work, recreation, and retirement
- Community living and integration approaches
- Vocational rehabilitation and employment support
- Creative and play therapies and processes
- Communication, counselling and psychotherapy (individual and group theories and practices)
- Change theories and practices, in particular experiential learning
- Clinical reasoning processes
- The lived experience of consumers, families, and carers
- Historical and social contexts of mental health, mental illness, and its treatments
- Medical diagnostic systems (such as DSM, the Diagnostic & Statistical Manual), psychiatric diagnoses, and medical treatments
- Models that contribute to an understanding of functioning, such as the biopsychosocial model, ICIDH-2 (WHO, 1997), cultural and political perspectives
- Case management, psychosocial rehabilitation, and recovery/empowerment-oriented models and practices
- Assessment and outcome measurement methods and practices, including mental health status, risk, functional, and consumer-focused assessment and outcome measurement
- Cognitive behavioural, psychoeducational, and skills training approaches and interventions
- Stress management and relaxation approaches and practices
- Mental health legislation and policies, and procedures
- Ethical and legal issues relating to practice, evaluation, and research
- Evaluation and research strategies

This knowledge base is necessarily complex, and hence, greater depth of understanding of this knowledge base and its use in clinical reasoning will be enhanced with increased experience and reflection in practice, as well as supervision, mentorship, professional development, and formal graduate education activities. Given the diversity of settings, in which occupational therapists in

mental health practice, the relative importance and required depth of underpinning knowledge in the above areas will vary, to some degree, between settings and for specific positions.

4.6 Occupational Therapy Underpinning Skills

It is assumed all occupational therapists in mental health practice have the generalist skills of any occupational therapy practitioner. Specific skills underpinning occupational therapy practice in mental health practice include the following areas:

- Mental health status, psychiatric assessment and evaluation
- Dealing with psychiatric emergencies, psychopathological, and problem behaviours
- Interpersonal communication, counselling, and conflict resolution
- Case management practice, including engagement, intervention/care planning, and implementation in a collaborative manner
- Working with families and social systems
- Facilitating and supporting advocacy of others
- Individual and group counselling and psychotherapeutic strategies
- Cognitive behavioural, psychoeducational, and skills training strategies
- Health promotion, health education, and community development strategies
- Culturally sensitive practice
- Use of occupation-focused and functional assessments
- Occupational analysis, and use of lifestyle redesign strategies involving play, education, work, recreation and retirement
- Creative, recreational, and play therapies
- Community living and vocational skills training and integration
- Service documentation and evaluation

Given the diversity of settings, in which occupational therapists in mental health practice, the relative importance and required expertise in the above underpinning skills will vary, to some degree, between settings and for specific positions.

4.7 Summary of Occupational Therapy Competencies in Mental Health

These competency standards describe seven units of competency, and the standards expected of occupational therapists, who have been practising in mental health settings for two years. The competencies reflect the domain of occupational therapy, and underpinning attitudes, knowledge, and skills of occupational therapists, as demonstrated in occupational therapy practice in mental health. Hence, the underpinning attitudes, knowledge, and skills, articulated in section 4, are integral to each of the units of competency.

The seven units of competency are:

Unit 1 Facilitate Occupational Development with Individuals, Groups, Organisations and Communities

Elements:

1.1 Engage consumers, carers and others in identifying occupational strengths, competence, needs, resources and opportunities
1.2 Review and interpret the occupational analysis, and then develop occupational strategies for change
1.3 Enable occupational engagement for learning, occupational development and wellness
1.4 Evaluate occupational change strategies
1.5 Select and use suitable methods, tools and processes for information gathering, assessment and evaluation to facilitate occupational development
1.6 Undertake timely recording and reporting of the occupational development process

Unit 2 Work with Teams

Elements:
2.1 Establish effective working relationships
2.2 Maintain appropriate working relationships
2.3 Contribute to team activities
2.4 Contribute an occupational perspective to the team

Unit 3 Develop and Maintain Collaborative Partnerships with Consumers and Carers

Elements:
3.1 Actively seeks to understand the lived experience of consumers and carers
3.2 Appreciate the contribution of relationship and partnership
3.3 Support and implement consumer and carer participation policies, guidelines and initiatives

Unit 4 Undertake and Support Systems Advocacy to Support Consumer and Carer Self Advocacy

Elements:
4.1 Promote and support consumer and carer self advocacy, and carer support on behalf of consumers
4.2 Work with consumers, carers, and other stakeholders to develop strategies that support advocacy related to identified areas of concern
4.3 Promote community awareness and understanding of mental health issues and the needs of people affected by mental health problems

Unit 5 Manage Professional Learning and Practice

Elements:
5.1 Seek out and maintain current information to support practice
5.2 Articulate the rationale for evaluation
5.3 Evaluate occupational therapy interventions
5.4 Utilise the findings of occupational therapy evaluations
5.5 Contribute to the evaluation of service needs and mental health programs

Unit 6 Manage Professional Practice

Elements:
6.1 Practice ethically
6.2 Manage information
6.3 Manage workload
6.4 Comply with legal and organisational requirements
6.5 Manage physical and environmental resources
6.6 Contribute to service development
6.7 Manage human resources
6.8 Understand the socio-political environment

Unit 7 Maintain Professional Development

Elements:
7.1 Assume responsibility for own practice
7.2 Utilise supervision and mentoring to enhance practice
7.3 Maintain ongoing professional learning
7.4 Share/disseminate knowledge of occupational therapy

Section 5 Units of Competency

This section outlines the seven units of competency that describe the competencies to the standard expected of occupational therapists, who have been practising in mental health settings for two years. These competencies reflect the domain of occupational therapy, and underpinning attitudes, knowledge, and skills of occupational therapists, as demonstrated in occupational therapy practice in mental health. Hence, the underpinning attitudes, knowledge, and skills, articulated in section 4, are integral to the units of competency outlined below.

Unit 1: Facilitate Occupational Development with Individuals, Groups, Organisations and Communities

Occupational therapists facilitate the occupational development of individuals, groups, organisations and communities. Occupational development is an ongoing and dynamic process that occurs across the lifespan. Facilitation of occupational development involves a participatory action process of change through experiential learning, and the use of appropriate creative, expressive, recreational, physical, vocational, and community living activities, tasks and processes. All stakeholders (consumers, carers, other service providers) are involved as much as possible in collaborative dialogues and action. Occupational development may be facilitated by occupational therapists within generic roles, such as case management/service coordination, as well as occupational therapy specific roles.

Elements	Performance Criteria
1.1 Engage consumers carers and others in identifying occupational strengths, competence, needs, resources, and opportunities.	1.1.1 Relevant persons and system are identified and engaged in collaborative, respectful partnerships to explore strengths, needs, resources and opportunities.
	1.1.2 The lived experience of those involved, and the dynamic interrelationships and interconnections between persons, systems, and environments are explored in the assessment of strengths, needs, resources and opportunities.
	1.1.3 Interpersonal and counselling processes are used to establish and facilitate ongoing communication and partnerships with consumers, carers and other involved person(s) and systems.
	1.1.4 Information is gathered about past, present, desired and relevant living, learning, working, relating, and leisure occupations in collaboration with the person(s) and system(s) involved.
	1.1.5 Occupational strengths and competence (eg attributes, knowledge, attitudes, aspirations, functional abilities and skills) and occupational resources (eg personal resources, social supports, community and environmental resources) are identified.
	1.1.6 Occupational needs and difficulties (eg occupational deprivation, performance difficulties and challenges) and occupational opportunities (eg possibilities for change, enrichment, future development and growth) are assessed/analysed.
	1.1.7 Mental and physical health status, biopsychosocial functioning and cultural factors are explored and taken into account.
	1.1.8 Applicable occupational therapy and service models are used to guide the occupational analysis/assessment.

Elements	Performance Criteria
1.2 Review & interpret the occupational analysis, and then develop occupational strategies for change.	1.2.1 An occupational profile that synthesises the occupational life history, directions, aspirations, and issues identified, is developed in collaboration with the respective person(s) and system(s).
	1.2.2 Occupational strategies for change, resolution of issues, or for healthy living are developed and planned in collaboration with the respective person(s) and systems.
	1.2.3 Dynamic interrelationships and interconnections between person(s), systems, and environments are taken into account in plans for facilitating occupational development and lifestyle redesign.
	1.2.4 Consideration of mental and physical health status, the biopsychosocial functioning, culture, rights and the service context are integrated in the development of occupational change strategies.
	1.2.5 Best available evidence guidelines, standards for practice, mental health service and community resources are utilised in developing occupational strategies for change.
	1.2.6 Liaison with applicable support systems, team members, agencies and services is utilised to facilitate implementation of plans and referral to other sources of help/support.
	1.2.7 Time frames, access to support, closure, and discharge planning, as applicable in the service context, are considered in making plans with the respective person(s) and system(s).
1.3 Enable occupational engagement for learning, occupational development and wellness.	1.3.1 Occupational engagement experiences are developed in collaboration with the respective persons or systems.
	1.3.2 Occupational engagement and enrichment opportunities are created that are congruent with enhancing overall health and wellness, and with the person(s) mental and physical health status, biopsychosocial functioning, culture, and the service context.
	1.3.3 Occupational engagement experiences and environments are organised and structured to facilitate occupational enrichment, learning of skills, enhance occupational performance and provide sufficient challenges to sustain occupational development and healthy living.

Elements	Performance Criteria
	1.3.4 Individual, group, and community learning opportunities for exploring occupations, choice making, risk taking, experimenting, and rediscovering through occupational engagement are created, and supported.
	1.3.5 Group processes and dynamic interrelationships and interconnections between person(s), system(s), and environments are utilised to support occupational engagement.
	1.3.6 Creative problem solving, change management and lifestyle redesign, knowledge and skills are utilised in collaboration with person(s) and system(s) involved, to support learning, effective response to life circumstances, and sustained participation in occupations of personal, social and cultural relevance.
	1.3.7 Individuals and/or systems are facilitated to develop their own frames of reference, repertoire of strategies and supports to sustain occupational engagement, learning, and development for healthy living and lifestyle redesign.
	1.3.8 Individuals' and systems' skills and resources to access, and successfully utilise mental health services, other relevant sources of support and community services are supported and developed.
1.4 Evaluate occupational change strategies.	1.4.1 Regular and ongoing reviews are undertaken in collaboration with the person(s) and system(s) involved.
	1.4.2 Ongoing feedback about progress and outcomes in relation to the previously identified occupational profile and planned occupational strategies is sought from the respective person(s) and systems.
	1.4.3 Feedback is reviewed, and issues enhancing and impeding progress identified, in collaboration with the respective person(s) and/or systems involved.
	1.4.4 Alternative occupational change strategies are explored in collaboration with the respective person(s) and/or systems as part of the renegotiating of plans, and reviewing ongoing progress.

Elements	Performance Criteria
1.5 Select and use suitable methods, tools and processes for information gathering, assessment, and evaluation to facilitate occupational development.	1.5.1 Methods and processes for learning about the lived experience of consumers, families, other carers are utilised.
	1.5.2 Relevant and acceptable tools, methods and processes are chosen in collaboration with persons and systems involved.
	1.5.3 Selection of tools, methods, and implementation processes take account of mental and physical health status, biopsychosocial functioning, culture and rights of those involved.
	1.5.4 Recognised and relevant methods and tools for occupational and other assessment and evaluation that are congruent with the service context and guidelines for best practice are selected.
	1.5.5 Occupational and other information gathering, assessment and evaluation tools and methods are clearly explained to those participating in these processes.
1.6 Undertake timely recording & reporting of the occupational development process.	1.6.1 Consumer and carer respectful language is used in all communications and records.
	1.6.2 Occupational profiles, plans, progress and outcomes are clearly documented and shared in a respectful, ethical manner with those involved, in particular the consumer (s), carer(s) and other involved service providers.
	1.6.3 Documentation is congruent with the requirements of the service context, guidelines and standards for best practice.

Unit 2: Work with Teams

Occupational therapists work collaboratively with teams comprising other service providers, consumers, families and other carers, to provide integrated and comprehensive mental health care for consumers. Occupational therapists also work in interdisciplinary teams within organisations, which include mental health workers with different mental health education and training; and interagency teams created across contexts/services, which may include clinical, disability support, consumer, carer and primary care services. Hence teamwork requires occupational therapists to form effective partnerships, undertake consultation and negotiation with multiple stakeholders in the interest of quality service provision to consumers, families and other carers.

Elements	Performance Criteria
2.1 Establish effective working relationships.	2.1.1 Relevant stakeholders are identified.
	2.1.2 Linkages to form teams and partnerships are established and maintained.
	2.1.3 Appropriate communication media are identified and effective ongoing communication strategies are developed.
2.2 Maintain appropriate working relationships.	2.2.1 Contributions are made to the development of practices, policies and structures of teams.
	2.2.2 Other team members' (including consumers, carers and service providers) roles, skills and functions are understood and utilised.
	2.2.3 Team members' contributions are acknowledged and the teams' negotiated intervention plan is supported.
	2.2.4 Respect for the differing perspectives of team members, and organisational boundaries is demonstrated.
	2.2.5 Differences in opinion are acknowledged and suitable outcomes negotiated.
	2.2.6 Constructive contribution is made to debriefing, crisis and conflict management within teams.
2.3 Contribute to team activities.	2.3.1 Contribution is made to the team in a direct and positive manner consistent with the workers defined roles and responsibilities.
	2.3.2 Team members including consumers, carers and other relevant systems, are consulted to consider options, and make decisions.
	2.3.3 Involvement in team meetings, case reviews and working parties is undertaken in accordance with job role.

Elements	Performance Criteria
	2.3.4 Administrative functions are undertaken as appropriate to support team functioning.
	2.3.5 Team strategies and processes for assessing and reviewing the organisation's effectiveness are constructively supported.
2.4 Contribute an occupational perspective to the team.	2.4.1 An occupational perspective is contributed to the teams intervention, service planning and review process.
	2.4.2 The domain of occupational therapy practice in mental health is articulated.
	2.4.3 Occupational therapy consultation is provided and expertise shared with team members.

Unit 3: Develop and Maintain Collaborative Partnerships with Consumers and Carers

Occupational therapists value, develop and maintain collaborative partnerships and relationships with consumers and carers. Partnerships developed include those with individuals, consumer and carer organisations and groups, and non-government organisations that are consumer and / or carer driven.

Elements	Performance Criteria
3.1 Actively seeks to understand the lived experience of consumers and carers.	3.1.1 The expertise, experience and knowledge of consumers and carers is actively sought.
	3.1.2 The respective needs and different perspectives of consumers and carers are recognised.
	3.1.3 The experience and knowledge of consumers, carers, and occupational therapists is utilised in reciprocal learning.
	3.1.4 Opportunities for ongoing feedback from consumers and carers are created and incorporated into practice.
	3.1.5 Knowledge to develop and maintain effective and culturally sensitive partnerships is acquired.
	3.1.6 Participation in education and training provided by consumers and carers is sought.
3.2 Appreciate the contribution of relationship and partnership.	3.2.1 Valuing of diversity of individuals, world views and cultures is demonstrated in practice.
	3.2.2 Awareness of the impact of one's own values and perspective is demonstrated in practice.
	3.2.3 Contribution of significant others, families and carers is recognised and encouraged when appropriate.
	3.2.4 Knowledge of resources is shared.
	3.2.5 Opportunities for consumer and carer participation in all aspects of service planning, delivery and evaluation are identified.
	3.2.6 Environments that facilitate consumer and carer involvement in all aspects of service planning, development and evaluation are supported.
3.3 Support and implement consumer and carer participation policies, guidelines and initiatives.	3.3.1 Consumer and carer participation initiatives are supported and developed.
	3.3.2 Participation policy and theory is accessed and incorporated into practice.

Unit 4: Undertake and Support Systems Advocacy to Support Consumer and Carer Self Advocacy

Occupational therapists, in partnership with consumers and carers, support and engage in advocacy to promote an understanding of mental health issues within the general community, and mental health system to ensure the rights and needs of individuals, groups and organisations are maintained and consumer and/or carer focus is maintained. Occupational therapists recognise the expertise and leadership of consumers and carers in this regard, and will utilise their knowledge and expertise to facilitate these processes. Occupational therapists recognise that there are organisational barriers to effective consumer participation and work to create more empowering environments within service systems.

Elements	Performance Criteria
4.1 Promote and support consumer and carer self advocacy and carer advocacy on behalf of consumers.	4.1.1 Information is shared in a timely and appropriate manner with consumers and carers.
	4.1.2 A person(s) state of mind, comprehension, and existing knowledge is taken into account in information sharing.
	4.1.3 Appropriate services and systems are involved in advocacy processes.
	4.1.4 Consumers and carers are supported in advocating for themselves or to gain access to advocacy services.
4.2 Work with consumers, carers and other stakeholders to develop strategies that support advocacy related to identified areas of concern.	4.2.1 Effective working relationships are developed and maintained with consumer and carer networks and other relevant stakeholders.
	4.2.2 Input is provided to the development of guidelines, policies and plans in own practice context. that aim to ensure the rights and needs of people with mental health problems.
4.3 Promote community awareness and understanding of mental health issues and the needs of people affected by mental health problems.	4.3.1 Relevant information for local consumers, carers, and communities is designed and developed in various media.
	4.3.2 Information and data about mental health and occupational issues is presented in relevant local forums.

Unit 5: Undertake Evaluation and Research Activities

Occupational therapists participate in a range of activities that contribute to the ongoing quality improvement of service delivery and to their knowledge of the evidence base for practice.

Occupational therapists undertake evaluation of occupational therapy interventions, programs and services utilising a range of research and evaluation methods. Occupational therapists also participate in evaluating the mental health needs of the community, mental health promotion and prevention initiatives, mental health programs and services.

The scope of evaluation of profession specific input into mental health programs and services, and participation in the evaluation of broader aspects of mental health activities and initiatives is dependent on job roles and settings.

Elements	Performance Criteria
5.1 Seek out and maintain current information to support practice.	5.1.1 Current information about the evidence base of practice is sought from a range of sources.
	5.1.2 Information about best practice and standards is utilised in practice.
	5.1 3 Systematic records of activities are maintained as a basis for review and improvement of own practice and occupational therapy services.
5.2 Articulate the rationale for evaluation.	5.2.1 Knowledge of an occupational framework, consistent with the stated objectives and outcomes for the particular occupational therapy intervention, program(s), service(s) is reflected in the rationale for the evaluation.
	5.2.2 Current information about the evidence base for practice is gathered and used to support the evaluation.
	5.2.3 Knowledge of current service, state and national mental health policies, plans and directions is reflected in the rationale for the evaluation.
5.3 Evaluate occupational therapy interventions	5.3.1 Relevant consumers, carers and team members are involved in design, implementation and interpretation of service evaluation/research.
	5.3.2 Methods and processes for learning about the lived experience of consumers, families and other carers are utilised
	5.3.3 Methods and tools for occupational and other evaluation are selected to be congruent with the service context and guidelines for best practice.
	5.3.4 Occupational and other evaluation/research strategies are chosen in collaboration with persons and systems involved.

Elements	Performance Criteria
	5.3.5 Selected evaluation / research strategies are clearly explained to those participating in these processes.
	5.3.6 Selection of tools, methods, and implementation processes takes account of mental and physical health status, biopsychosocial functioning, culture and rights of those involved.
	5.3.7 Evaluation/research is implemented ethically, systemically, and within available resources.
	5.3.8 Appropriate supervision is sought for research/evaluation processes and procedures.
5.4 Utilise the findings of occupational therapy evaluations	5.4.1 Relevant stakeholders (carers, consumers, team members, service organisations) are involved in writing and dissemination of findings to relevant stakeholders, together with recommendations.
	5.4.2 Relevant stakeholders (carers, consumers, team members, service organisations) are consulted about implementation of the utilisation of evaluative data.
	5.4.3 Evaluative data is utilised to improve service delivery.
5.5 Contribute to the evaluation of the service needs and mental health programs.	5.5.1 The various components of a mental health program and relevant levels within the system are identified and considered in the development of evaluation/research strategies.
	5.5.2 Appropriate needs analysis strategies are selected and applied to analyse community needs.

Unit 6: Manage Professional Practice

Occupational therapists practice in an ethical manner. Occupational therapy practice in mental health relies on the effective and safe management of human physical and environmental resources and time. The ability to organise, co-ordinate, prioritise, and administer occupational therapy functions is implicit in competence to manage professional practice.

Elements	Performance Criteria
6.1 Practice ethically	6.1.1 Practice is in accordance with the Occupational Therapy Code of Ethics, and with respect for rights and dignity of consumers and carers.
	6.1.2 Practice is in accordance with duty of care responsibilities.
	6.1.3 Practice is guided by national and state mental health policies and guidelines.
	6.1.4 Practice is guided by relevant national and state/territory occupational therapy standards of practice.
	6.1.5 Issues that constrain practice are identified and strategies to resolve these issues are developed.
	6.1.6 Data, events and relationships in clinical settings is critically analysed from an ethical perspective.
6.2 Manage information	6.2.1 Consumer and carer respectful language is used in all communications and records
	6.2.2 Relevant internal and external communication and information is handled in a timely manner.
	6.2.3 Relevant communications are handled according to organisational requirements.
	6.2.4 Reports and submissions are prepared and presented according to organisational standards.
	6.2.5 Budgets and financial records are managed and monitored according to organisational requirements.
	6.2.6 Medical records are maintained and stored according to medico-legal standards.
	6.2.7 Statistical data and evidence of activity is collected and maintained in accordance with organisational requirements.

Elements	Performance Criteria
6.3 Manage workload	6.3.1 The range of professional and administrative roles and responsibilities required in the position is understood, and the scope and boundaries of the occupational therapy service are adapted to the service context.
	6.3.2 Awareness of the management structure of the organisation and professional and administrative reporting relationships is demonstrated.
	6.3.3 Work activities are prioritised.
6.4 Comply with legal and organisational requirements.	6.4.1 Working knowledge of Commonwealth, State and local legislation and regulations relevant to job role can be demonstrated.
	6.4.2 Organisational policy and procedures are understood and followed.
	6.4.3 Responsibilities to referred clients can be determined according to service capacity and boundaries and alternative services identified as required.
6.5 Manage physical and environmental resources	6.5.1 Physical resources are utilised in a safe and appropriate manner.
	6.5.2 Resource acquisition is prioritised and enacted within agreed budgets.
	6.5.3 Ethical use of organisational resources.
	6.5.4 The practice environment is appropriately maintained and modified to ensure health and safety needs are met for consumers, carers and staff.
	6.5.5 Training to use systems and equipment necessary for performance of job role is undertaken.
	6.5.6 Equipment required is used according to manufacturers / organisations instructions and guidelines.
6.6 Contribute to service development	6.6.1 Contributions are made to the planning, development and review of service policies and procedures.
	6.6.2 The need for occupational therapy services and resources required to facilitate occupational development is articulated.
	6.6.3 Occupational therapy philosophies and values are articulated in service planning and development

Elements	Performance Criteria
	6.6.4 Justice issues are advocated for in the allocation and distribution of resources
	6.6.5 Inclusion of consumer and carers at all levels of service planning, delivery, and review is supported.
6.7 Manage human resources	6.7.1 Students are supervised according to educational institution requirements.
	6.7.2 Staff requirements are assessed and recommendations are made with regard to available resources and organisational priorities.
	6.7.3 Volunteers and support staff are selected and oriented using timely and appropriate processes and providing all relevant documentation as required by the organisation.
	6.7.4 Appropriate levels of training, supervision and support are provided to volunteers and support staff.
	6.7.5 Responsibilities and tasks commensurate with the roles, abilities and interests of volunteers and support staff are appropriately delegated.
	6.7.6 The contribution of volunteers and support staff is appropriately acknowledged, and their performance monitored and evaluated.
6.8 Understand the socio-political environment.	6.8.1 An understanding of government policies and implications for the organisation is demonstrated.
	6.8.2 Current mental health directions and philosophies are used to guide practice.
	6.8.3 Professional practice is responsive to the influence of service context.

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Unit 7: Maintain Professional Development

Occupational therapists maintain professional development through supervision, mentorship and lifelong learning. They are expected to advance their professional knowledge and to contribute to the advancement of the knowledge base of occupational therapy by sharing and disseminating their knowledge.

Elements	Performance Criteria
7.1 Assume responsibility for own practice.	7.1.1 Self-reflection and evaluation of own performance are undertaken.
	7.1.2 Modification to own practice occurs in response to self analysis and feedback from others including consumers, carers, professional peers and colleagues and supervisors.
	7.1.3 Awareness of the boundaries of professional competence is demonstrated.
7.2 Utilise supervision and mentoring to enhance practice	7.2.1 Regular and ongoing supervision from a more experienced occupational therapist is sought out and utilised.
	7.2.2 Supervision from other health professionals is utilised where appropriate or required.
	7.2.3 Timely and appropriate opportunities for debriefing are engaged to ensure professional wellbeing.
	7.2.4 Performance is monitored against consumer and carer and organisational feedback.
	7.2.5 Purpose and value of mentoring relationships are identified and mentorship is sought where appropriate.
7.3 Maintain ongoing professional learning.	7.3.1 Opportunities for education and learning from consumers and carers are sought and utilised.
	7.3.2 Review of own practice with peers is sought.
	7.3.3 Competence is assessed against professional and mental health standards, ethics and accreditation guidelines.
	7.3.4 Information about best practice in mental health is accessed and incorporated into own practice.
	7.3.5 Current evidence, knowledge and appropriate literature is used to underpin professional practice.
	7.3.6 Opportunities to participate in accreditation processes are sought.

Elements	Performance Criteria
	7.3.7 Professional knowledge, skills and attitudes are maintained and kept current through life-long learning.
7.4 Share/disseminate knowledge of occupational therapy.	7.4.1 Networks for the exchange of resources, knowledge and information are created and utilised.
	7.4.2 Opportunities to contribute to the learning experience and professional development of others through participation in relevant educational forums are sought.
	7.4.3 Opportunities to promote the role of occupational therapy in mental health to relevant others are utilised.
7.5 Contribute to the development of the occupational therapy profession.	7.5.1 Opportunities for occupational therapy students to gain knowledge about the role of occupational therapy in mental health practice are created.
	7.5.2 Input is provided to the educational experiences of students.
	7.5.3 Input is provided to inservice training, and other professional activities.

Section 6 Recommendations

The Competency Standards for Occupational Therapists in Mental Health provide occupational therapists with a valuable framework for the development and assessment of their professional competence. This framework articulates the domain and current scope of occupational therapy in mental health. The occupational therapy attitudes, knowledge and skills, articulated in Section 4, underpin the units of competency, and are considered central to professional competence.

Additional uses of these competency standards include performance management and continuing professional development; curriculum development in undergraduate occupational therapy courses; and assessment and training of overseas-trained occupational therapists, or those re-entering the mental health workforce.

Competency standards necessitate mechanisms to support competency development. Both the profession and workplace organisations need to support occupational therapists in their ongoing development and maintenance of professional competence. This will be achieved through provision of adequate opportunities for supervision, mentorship, reflective learning and involvement in education and training.

The knowledge base that informs mental health service provision to the community is expanding and new directions are emerging, as is the knowledge base of occupational therapy. This necessitates a commitment on the part of mental health practitioners and OT Australia to regularly review these competency standards to ensure that they are current and directed towards meeting the needs of the community. This also highlights the need for occupational therapy mental health practitioners to actively seek out continuing professional development that will ensure their attitudes, knowledge and skill base for practice remains current.

These competency standards aim to articulate the specific domain of occupational therapists, who provide occupational therapy services whether in occupational therapy specific or generic roles. Occupational therapists work in a range of specialised roles and settings in mental health. Many of these roles require advanced knowledge. Further work will be required to develop competencies for the aspects of practice in specialist settings that were beyond the scope of this project. In addition, more experienced occupational therapists in mental health practice would be expected to demonstrate greater expertise in areas of competency articulated in this document, and to undertake roles and tasks beyond the scope of these competencies. Additional competencies need to be developed for senior and experienced practitioners.

This set of competency standards for occupational therapists working in mental health aim to be of value to occupational therapists working in any area of the mental health system. It is acknowledged that adult mental health services are likely to have been more strongly represented. However, it is envisaged occupational therapists in other areas of mental health practice will be able to use these competency standards and to build on them.

The underpinning values articulated in these competency standards are essential to professional competence and therefore have important implications for the education and development of practitioners who are competent to practice in mental health settings. Increasing partnerships with consumers and carers in the development, delivery and evaluation of educational curricula is essential for relevant occupational therapy in mental health workforce education and training.

Glossary

Term	Description
Activity	A specific action, or sphere of action, that involves direct experience of doing something.
Advocate	A person who has been given the power by a consumer to speak on her or his behalf, who represents the concerns and interests of the consumer as directed by the consumer, and provides training and support to enable consumers to better represent themselves. (Source: Second National Mental Health Plan, Commonwealth Department of Health & Family Services, 1998). Similarly, an advocate may represent the concerns and interests of carers and enable carers to better represent themselves. See also Carer Advocacy
Assessment	Systematic and ongoing evaluation of information about clients related to diagnosis, lived experience, needs, preferences, and desired outcomes of intervention. Assessment forms the basis for the development and review of individualised plans in collaboration with clients. (Source: Adapted from the National Mental health Standards, AHMAC, 1996).
Attitudes	Personal qualities or dispositions such as tolerance, compassion or flexibility, which are essential in successful performance of professional tasks.
Attribute	The knowledge, skills, abilities and attitudes that together underpin competent professional performance.
Carer(s)	Significant person/s in the life of a consumer, whom the consumer acknowledges as important to her / his ongoing wellbeing, such as family members, partner, friends, colleagues. The term carer also refers to a person, whose life is affected by virtue of a close relationship and a caring role with a consumer. (Source: Adapted from the National Mental health Standards, AHMAC, 1996).
Carer advocacy	Advocacy of carers, on behalf of consumers, representing the concerns and interests of consumers when consumers may not be fully able or willing to empower another, and facilitating consumers to better represent themselves.
Case manager	An identified, accessible staff member of a mental health service, or psychiatric disability support service, who is responsible for coordinating treatment and/or support services provided to an individual consumer and their carers. A case manager may also be referred to as a case coordinator, case worker, or key worker in different service settings. (Source: Adapted from the National Mental health Standards, AHMAC, 1996).
Client(s)	An individual, or group of individuals, with occupational problems arising from medical conditions, transitional difficulties, or environmental barriers. Clients may also be organisations that influence the occupational development of particular groups, or populations. (Source: Adapted from CAOT, 1997).

Term	Description
Competency	A combination of attributes that underlie some aspect of successful professional performance that is expected in the workplace
Competency based standards	Levels of achievement required for competence in key areas of professional practice
Consumer	A person making use of, or being significantly affected by, a mental health service. (Source: Mental Health Statement of Rights & Responsibilities, AGPS, 1991).
Culture	Refers to a dynamic set of learned, shared beliefs, values, attitudes and behaviours, characteristic of a particular group, society, or population, which provide a lens through which humans see, interpret, understand, and adapt to their worlds. (Source: Adapted from Fitzgerald et al, 1997).
Cultural Competency	The ability of individuals to see beyond the boundaries of their own cultural interpretations, to be able to maintain objectivity when faced with individuals from cultures different from their own, and to be able to interpret and understand behaviours and intentions of people from other cultures nonjudgementally, and without bias (Walker, 1991, cited in Fitzgerald et al, 1997). It requires understanding of the concept of culture, the development of cultural knowledge, and heightened awareness and appreciation of cultural values and issues. (Source: Fitzgerald et al, 1997).
Element of competency	Elements describe the range of outcomes that together make up a unit of competency.
Empowerment	Personal and social processes that promote ways of relating and participation of people, organisations, and communities so that power is more equally shared. (Source: Adapted from CAOT, 1997).
Enabling	Processes of facilitating, guiding, coaching, educating, prompting, listening, reflecting, encouraging, and collaborating with people so that individuals, groups, agencies, or organisations have the means and opportunity to be involved in solving their own problems. Enabling is the most appropriate form of helping when the goal is enhanced performance of, or participation in occupations. (Source: Adapted from CAOT, 1997).
Environmental context(s)	The physical, social, and cultural contexts that may either support, or create barriers to participation in occupations, and community life.
Evidence guide	May be used in competency standards as a guide to the interpretation and assessment of competency.
Health	Having choice, abilities and opportunities for engaging in meaningful patterns of occupation for looking after the self, enjoying life, and contributing to the social and economic fabric of a community over the lifespan; more than the absence of disease. (Sources: CAOT, 1997).

Term	Description
Lifestyle redesign	The crafting, designing, development, modification and recreating of occupational lifestyles, lifeskills, abilities, environments and resources to enable and sustain healthy living.
Lived experience	Subjective experience of a particular life from the perspective of the person living that life; the person's experiences and understanding of the events and circumstances of his/her life, and the meanings given to them. In this sense, the lived experiences of a consumer (or carer) refers to his/her experience of mental illness within the context of this person's life.
Mental health	The capacity of individuals and groups to interact with one another and the environment in ways that promote subjective well-being, optimal development, and use of mental abilities (cognitive, affective and relational), and the achievement of individual and collective goals consistent with justice. (Sources: Mental Health Statement of Rights and Responsibilities, Australian Government Publishing Service, 1991; Second National Mental Health Plan, Commonwealth Department of Health & Family Services, 1998).
Mental health problem	A disruption in the interactions between the individual, the group and the environment producing a diminished state of mental health. (Sources: Mental Health Statement of Rights and Responsibilities, Australian Government Publishing Service, 1991; Second National Mental Health Plan, Commonwealth Department of Health & Family Services, 1998)
Mental illness	Medically diagnosed illnesses that result in significant impairment of an individuals' cognitive, affective and relational abilities. (Source: Second National Mental Health Plan, Commonwealth Department of Health & Family Services, 1998).
Occupation	Everything that people do to look after themselves and others, to enjoy life, and to contribute to the economic and social fabric of their communities (CAOT, 1997); they include self care, education, work, play and leisure occupations. Occupations are multidimensional, including internal and external dimensions related to 'being' and 'doing' that are used by people and systems to engage with, interrelate with, respond to, create meaning, and effect change in their lives and interactions with others.
Occupational analysis	The systematic review and evaluation of information about a person(s) past, present, and desired occupations; their functional abilities, capacities, skills, and personal resources related to these occupations; and the dynamic interrelationships and interdependence of these with their environmental contexts. Occupational analysis involves active participation of, and collaboration with person(s) and systems concerned to synthesise their occupational histories, directions, and aspirations, and to identify issues and challenges to be addressed.

Term	Description
Occupational counselling	An interactive, action-oriented counselling process that enables person(s) and systems to review, readdress, recreate and sustain lifestyle options, opportunities, abilities, capacities, resources and skills for occupational development, and occupational performance.
Occupational development	An ongoing and dynamic process in which person(s) or systems acquire, create, develop and sustain the necessary functional abilities and skills to enable them to engage in occupations, and to respond to the everyday challenges and demands of living.
Occupational deprivation	Deprivation that arises from limited access to opportunities for engagement in meaningful occupations, which may be the result of occupational performance limitations, and/or environmental barriers that create restrictions to participation in occupations.
Occupational engagement	Active participation in an occupation through which a sense of connection, interest, and involvement may be developed, or maintained.
Occupational evaluation tools	Those evaluation, or inquiry methods and tools that may be used to qualitatively, or quantitatively, describe, record, and measure occupational development. These methods and tools are chosen to evaluate outcomes in relation to client(s) satisfaction with, and quality of, their occupational performance, or participation in occupations. Therefore, the perspective of those consumers, carers, or other clients involved is essential to such evaluation.
Occupational need(s)	A need that arises from occupational deprivation, occupational performance limitations or potential difficulties, as well as the occupational challenges and demands of everyday living.
Occupational performance	The performance, or enactment, of occupations chosen and organised into a lifestyle; involving the dynamic interactions of persons, their occupations, and environments over their lifespans.
Occupational repertoire	The repertoire of capacities, attributes, abilities, skills and resources that enable people and systems to make choices, extend, diversify, create, and participate in a range of occupations in their everyday lives.
Occupational science	The study of people as occupational beings and how occupations, including their form, function and meaning, contribute to the humans' development, quality of life, and wellbeing.
Occupational strategies for change	Plans, perspectives, directions, intentions and processes for effecting change that enhance occupational performance, enable participation in occupation(s), and facilitate occupational development.
Participatory action oriented process	An experiential learning process involving client(s) active participation in action and reflection used to facilitate change, growth, and development. The emphasis is on doing with, rather than doing to, or doing for, another person(s).

Term	Description
Partnership(s)	Working relationship(s), in which the experience and knowledge of all parties is recognised, and mutual respect and processes that involve sharing power more equally are emphasised.
Person(s)	Individual(s), whether consumers or carers, with whom occupational therapists may be working.
Performance criteria	Specification of work activities and outcomes to the level or standard required in the workplace.
Range of variables	Specification of the range of contexts and conditions to which the elements of competency and performance criteria apply.
Social justice	From an occupational perspective, social justice concerns the organisation of fair and equitable opportunity to engage in occupations that are defined as useful and meaningful occupations for individuals and communities, and that enhance health, quality of life, and equity in housing, employment, and other aspects of life. (Sources: CAOT, 1997; Townsend, 1998).
System(s)	Social groups, agencies, or organisations that are either clients themselves, or are significant in the lives of consumers or carers.
Systems advocacy	Advocacy undertaken by stakeholders in the provision and receipt of mental health services (including carers and consumers), which seeks to maintain current levels of service, and or provide better future services.
Unit of competency	A key domain of professional competency.
Wellness	A holistic perspective on healthy living, personal and social wellbeing that is inclusive of all the dimensions of life - physical, psychological, spiritual, emotional, social, intellectual, ecological and occupational – and acknowledges that wellness comes from an integrated, coherent, and transformational view of the abilities, capacities and contribution of people and systems.

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