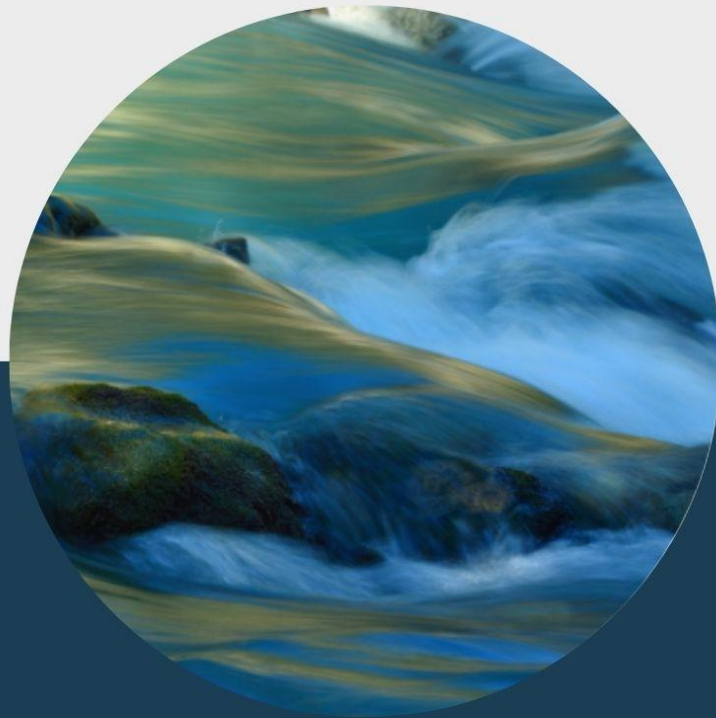


**SUBMISSION TO  
ORYGEN MODELS OF  
CARE CONSORTIUM  
CONSULTATION  
MAY 2025**



**OTSi**

**OTSi.net.au**

## About OTSi

Occupational Therapy Society for Invisible Disabilities (OTSi) is a national society whose purpose is to enable Occupational Therapists who work alongside people with hidden and invisible disabilities, to reduce barriers to full participation in our world as active citizens of Australia.

Our focus is on ensuring access to resources, opportunities, and supports for people of all ages with invisible disabilities, including access to Occupational Therapy. OTSi has a strong voice in systemic advocacy and policy direction, as well as enabling individuals to build better lives.

## Invisible & Hidden Disabilities

**The term 'hidden and invisible disability' is an umbrella term and acknowledges that the impacts of hidden and invisible disability are often poorly misunderstood or overlooked. We commit to shining a light on the impact of invisible and hidden disabilities alongside people who experience them, and to work to address barriers to active participation, and barriers to societal recognition and understanding. OTSi approach underscores the importance of empathy and awareness in interactions and accommodations, to build a more inclusive world.**



## EXECUTIVE SUMMARY

The Occupational Therapy Society for Invisible and Hidden Disabilities (OTSi) welcomes the opportunity to contribute to the Orygen Models of Care Consortium consultation, commissioned by the Commonwealth Department of Health and Aged Care, and to provide feedback on the accompanying *Summary of Consortium Early Advice* discussion paper.

With rates of youth mental health issues rising and nearly half a million Australians unable to access psychosocial support, the need for innovative, responsive mental health services has never been more urgent. Existing systems are under significant pressure, marked by service gaps and shortages of skilled providers. OTSi strongly advocates for the direct inclusion of mental health-trained allied health professionals—particularly occupational therapists—in all stages of policy and service design. Our organisation includes a national community of nearly 3,000 occupational therapists specialising in mental health, psychosocial disability, and neurodivergence. This workforce is deeply embedded in the care of young people aged 12–25 across multiple government-funded programs, and we welcome future opportunities to contribute to this critical reform.

OTSi urges greater investment to address the rising demand for youth mental health neurodiversity services. We highlight the strong need to address the mental health and function-focused needs of young people living with neurodiversity, including autism and attention deficit hyperactivity disorder, as traditional services frequently do not meet the needs for these cohorts, and they are at high risk of mental health escalation, suicidality, and of developing secondary psychosocial disability. A fully integrated system is essential, ensuring all young people can seamlessly transition between primary care, foundational supports, targeted supports, and the NDIS, achieving a safer and more responsive model of care.

## KEY RECOMMENDATIONS

1. OTSi supports the call **for increased investment** in mental health and function-focused services for young people, and expansion and evolution of existing services models. OTSi support the development of care navigator roles. OTSi supports exploring a range of commissioning models including use of Primary Health Networks, to achieve national coverage and regional equity.
2. OTSi seeks **inclusion of the occupational therapy profession** in all avenues of consultation and highlights the critical nature of inclusive consultation to ensure the occupational therapy workforce can contribute to models of the future.
3. Embed **function-focused interventions** delivered by occupational therapists to all new and existing service models for young people under to target functional outcomes and enhance social and economic participation outcomes
4. OTSi seeks the development of an additional service offering that acknowledges the unmet functional needs of young people. In particular, this program will target **the needs of neurodiverse young people** by supporting functional outcomes to address barriers to social and economic participation, and to prevent escalation of secondary mental health issues. (See Appendix 1)

## 1. Contemporary models of care

Robust consideration of the fundamental principles underpinning models of care and participation is necessary, at this monumental junction for people living with mental health challenges and psychosocial disability in Australia. Clear and considered overarching principles are pivotal to the development of models, services and interventions, and to allocating resources and ensuring outcomes.

This submission aligns with a citizenship-focused framework. A key feature of this is a tailored approach to addressing barriers to participation. Services and interventions must focus on tailored approaches to building active citizenship, including enhancing meaningful social and economic participation, and functional capacity.

Contemporary models must be goal-focused and will need to reflect the diversity of needs that fall under the umbrella of current mental health service offerings, which can include cognitive, sensory, neurodiverse, and other barriers to participation. The co-design of new models is required, to address current gaps. A process to trial and pilot new models of care would ensure a comprehensive, fiscally responsible approach to establishing fit-for-purpose models that can meet diverse care needs and address both mental health and function-focused barriers to participation at both individual and societal levels.

## 2. Access to tailored, focused functional interventions

Occupational therapists utilize a 'top-down' approach to evaluation of barriers to participation, meaning evidence-based capacity-building interventions are personalised to the persons goals and lived experience of barriers to participation. Occupational therapy needs to be firmly embedded in future service models to facilitate opportunities and evidence-based capacity building to enable people with psychosocial disability to live full lives and work towards active citizenship.

Occupational therapists work in partnership with service users, considering the unique barriers each individual faces; their individual needs and goals; the influence of their environment; and the interplay of these factors and their impact on function. Occupational Therapy is regulated, evidence-based, client centred and cost-effective [15].

Current access to tailored, focused functional interventions is limited by:

- The absence of function-focused targeted foundational supports in the community
- The limited nature of existing Medicare items to address functional capacity for these cohorts, and the cost-prohibitive nature of co-payment systems.
- A high threshold to access NDIS for psychosocial disability, and likely increased rates of revocation of NDIS access in future.

**NOTE: please refer to appendix 1 for an outline of function focused interventions and how to embed these interventions in contemporary models of care.**



### 3. Workforce considerations

The core business of occupational therapy is to enable opportunities for full participation in everyday life in the community, where people live, learn, work and play. Since the dawn of the profession, occupational therapy has been committed to building participation for young people living with mental health, neurodiversity and psychosocial disability.

We highlight that the conceptual separation of “clinical” and “non-clinical” elements of the workforce is a false dichotomy and has no place in a contemporary system focused on optimising outcomes. This false dichotomy hails back to a bygone era where service options were either: a heavily biomedical and patriarchal public mental health system (‘clinical’) OR community-based assistance, welfare and help (‘non-clinical’). Instead, the workforce planning and design must focus on fit-for-purpose, regulated and professional skillsets, and cost-effective practice governance for future models of care.

An integrated system recognising the whole-of-workforce will be needed to ensure the broader ecosystem can realise the vision of a safe stepped care approach for young people.

## APPENDIX 1:

# FOCUSED FUNCTIONAL INTERVENTIONS



# OTSi

For hidden & invisible disabilities

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## Unmet need for interventions to enhance functional capacity:

Significant proportions of people with disabilities cannot currently access evidence-based interventions to enhance functional capacity, delivered by Occupational Therapists.

There is a large identified and unmet need for OT to enable these cohorts to live full lives and to participate in our communities, through building functional skills, and addressing disability-related participation barriers.

## This issue is compounded by:

- A high threshold to access NDIS and increased rates of revocation of NDIS access.
- The limited nature of existing Medicare items to address functional capacity for these cohorts and the cost-prohibitive nature of co-payment systems.
- The absence of function-focused foundational supports in the community.

## The impacts:

- Reduced social and economic participation
- Barriers to community access, engagement and to living an independent life
- The higher risk of hospitalisation.
- Increased costs due to needs not being met. If the NDIS is the only program that offers functional capacity building programs, then that will continue to be "the only oasis in the desert".





## Recommendations:

**Enable access to evidence-based interventions delivered by qualified and skilled Occupational Therapists (with possible support from Allied Health Assistants under supervision) focused on building and enhancing functional capacity, for the identified cohorts.**

### **This could be achieved through::**

- **The introduction of a new Medicare item centralising Focused Functional Strategies for use by Occupational Therapists via GP referral for the target disability cohort.**
- **The creation of an escalation pathway to access a foundational support package focused on Occupational Therapy delivered Focused Functional Interventions (FFI) through Mainstream, Primary Care systems and services.**
- **The creation of a foundational support package focused on occupational therapy delivered Focused Functional Interventions.**
- **Further co-design of Focused Functional strategies for each cohort. The Focused Functional Interventions concept has been co-designed with people with lived experience but requires further co-design with people with lived experience, Disability representative groups, Peak bodies etc**



## Focused Functional Interventions:

### Could include:

- Executive functioning and cognitive strategies/ approaches
- Routine development and life-skill development
- Social connecting/ social prescribing
- Vocational - work and study engagement
- Creativity/Occupation/Activity -based strategies
- Sensory based strategies
- Activity grading and energy conservation

### Target groups could include:

- Autistic people
- ADHDers
- Neurodivergence
- Intellectual Disability
- ME/CFS & Long Covid
- Psychosocial Disability
- Mental Illness
- Dementia
- Other hidden and invisible disabilities

**Focused Functional Interventions are required in Individual and Group formats, across the lifespan**



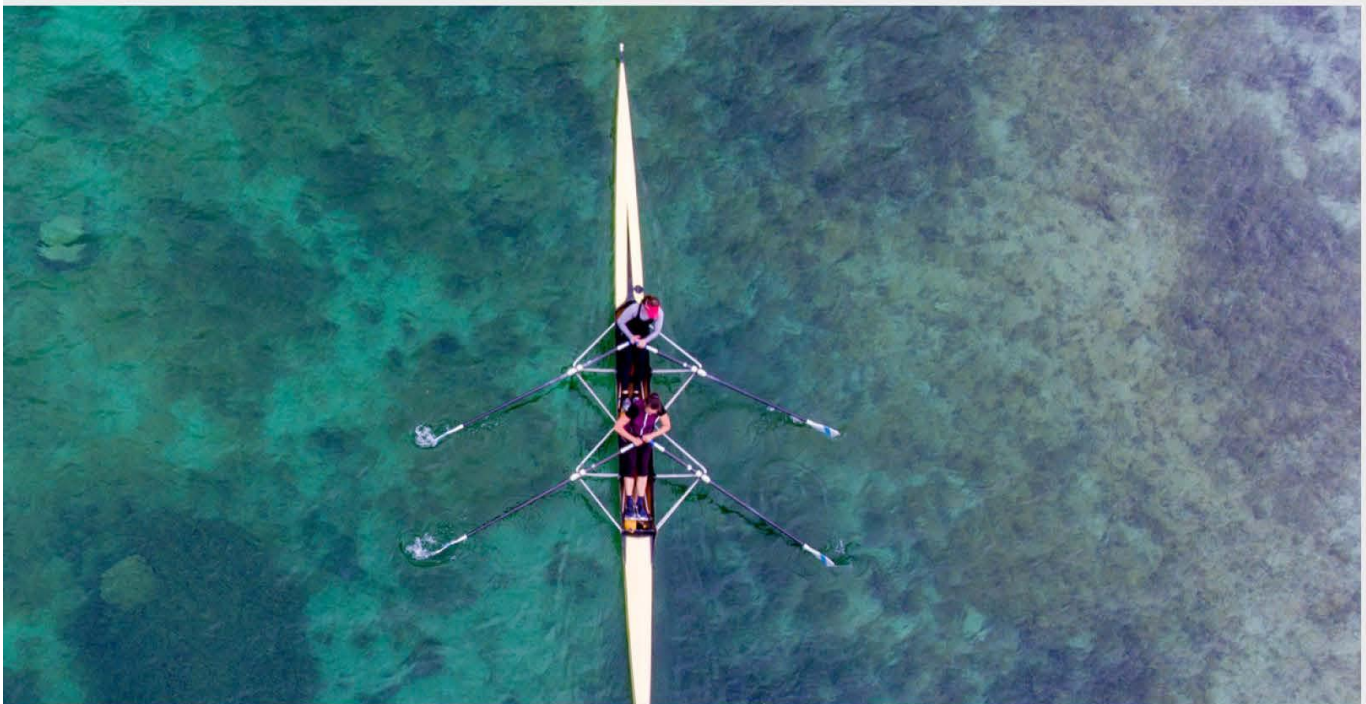
## Workforce Ready Occupational Therapy:

Occupational therapy is a person-centred, outcomes-based and participation-focused, profession with current national reach.

Occupational Therapists are degree qualified (Bachelor and/or Masters and Doctorates) and regulated by the Australian Health Practitioner Regulation Authority

There is a large national network of Occupational Therapists already established in communities to deliver support to this cohort. Occupational Therapy is by far the leading Allied health discipline already providing services to these groups (eg autism, psychosocial and intellectual disabilities) under the NDIS.

Utilising the skills of existing providers in building capacity within Foundational Supports is cost effective, supportive of community, small businesses and the Carer economy.





# Policy Drivers:

There is an **URGENT** need to build foundational supports in the community for the groups identified.

NDIS reform will result in cohorts who experience significant functional impact from a range of disabilities being unable to meet the NDIS threshold. This includes people who have not completed all of the NDIS requirements for therapies for their disability type.

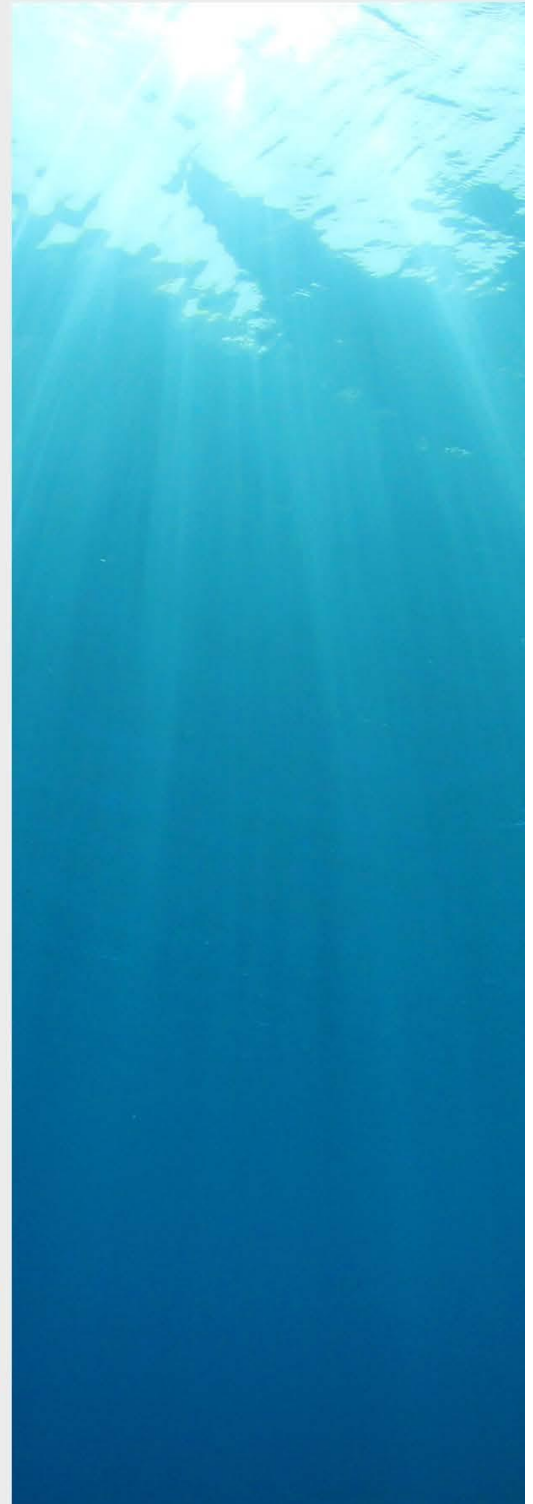
The proposed Focused Functional Interventions will meet the needs of various groups with invisible disabilities that are the current focus of Government Enquiries:

- ADHDers as per the ADHD enquiry
- Mental Illness challenges
- People with long covid as per the long covid enquiry
- Children with School Can't/School refusal.

The Mental Health Unmet Needs Analysis (2024) identifies extensive unmet psychosocial need within Australian communities, this is likely to be an underestimation of the scale of unmet need and it is likely to expand following NDIS reform.

Existing Medicare items such as Better Access to Mental Health, target mental -health specific interventions or 'focused psychological strategies', and do not focus on building functional capacity

**Focused Functional Interventions are required in Australia and can fill this gap cost effectively**



## Principles

**Focused Functional Interventions are based on core principles in client centred practice**

**Focused Functional Interventions need to be:**

- Neurodiversity-affirming
- Strengths based
- Individualised
- Trauma informed
- Focused on Person-centred goals
- Neurodiversity-affirming
- Recognising the person as expert in their disability
- Working collaboratively with the broader workforce, including Lived Experience workforce





# Proposal

That Government support the establishment of a package of Occupational Therapy sessions designed for children and adults with invisible disabilities for example, through a new appropriately funded Medicare item number - Focussed Functional Interventions (FFI) enabling improved access to an evidence-based, high-quality, outcome-focussed, capacity-building therapy

That referrals for the annual Occupational Therapy FFI package be made through GPs and outcomes reported back through referring GP

Focussed Functional Intervention (FFI) by Occupational Therapists could also be offered as a targeted foundational support package offering people choice about the way they want their FFI therapy support to be delivered and administered

## Contact OTSi for further details

- \* costings
- \* evidence
- \* workforce
- \* needs

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