## Occupational Therapy in Australia

This ground-breaking text provides a comprehensive guide to the occupational therapy profession in Australia, from the profession's role in the health care system to the broad scope and nature of its practice.

The book is organised into three sections: the Australian context; professional issues and practice issues. Contributions from 80 Australian occupational therapists working in education, research, policy and practice bring together the most relevant and up-to-date information in this essential book. The authors begin the Australian environment section with an overview of the Australian health care system, a history of occupational therapy in Australia and the role of Australian occupational therapy professional associations and regulatory bodies. The values and philosophy of occupational therapy, ethical and legal aspects of practice and the role of occupational therapy in population health and health promotion are considered next. The professional issues covered in the book include using effective communication skills, client-centred practice principles and a strength-based approach when working with individuals, families, groups, communities, organisations and populations. Additional topics, including occupational science, the education of occupational therapists, research in occupational therapy, evidence-based practice clinical reasoning and occupational therapy models of practice, are also covered in the middle section of the book.

Occupational Therapy in Australia: Practice and Process Issues is established as the essential practice reference for students, practitioners and educators in Australia. This second edition has been revised and updated throughout and includes new chapters on communication skills, environmental aspects of occupational therapy practice and decolonising occupational therapy through a strength-based approach to practice.

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# Occupational Therapy in Australia

Professional and Practice Issues

SECOND EDITION

Edited by Ted Brown, Helen M. Bourke-Taylor, Stephen Isbel, Reinie Cordier and Louise Gustafsson



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## **Dedications**

## Professional Dedication: Australian Occupational Therapy Pioneers

- By 1939, there were three Australians who were qualified occupational therapists: *Ethel Francis, Sylvia Docker* and *Joyce Keam.*
- Ethel May Francis was the first Australian to hold a diploma in Occupational Therapy having graduated from the Philadelphia School of Occupational Therapy in the United States in 1933. She then went on to complete further postgraduate study at Dorset House, the first School of Occupational Therapy in the United Kingdom. Between 1937 and 1939, she worked in Sydney in private practice and mainly worked with patients with psychiatric problems. She started Occupational Therapy departments at the Royal Alexandra Hospital for Children and the Royal Prince Alfred Hospital in Camperdown.
- Sylvia Docker travelled to England in 1934 to train at the London Occupational Therapy School. She returned to Australia in 1938 to work for the Consultative Council of Infantile Paralysis. She pioneered Occupational Therapy Services in Melbourne, working for with the Victorian Crippled Children's Society, School for Crippled Children, and the Austin Hospital from 1939 to 1941. Later she became the first Director of Sydney Occupational Therapy School. In 1959, she was awarded an MBE in 1959 in recognition for her contributions to the Occupational Therapy profession.
- In 1937, Joyce Keam, originally from Tasmania, went to England to study occupational therapy at the Maudsley Psychiatric Hospital, a London University teaching hospital. In 1939, she returned to Australia and worked privately for a group of psychiatrists at the Alencon Private Mental Hospital in Malvern, Victoria. In 1941, she pioneered the establishment of the Occupational Therapy Department at a 2,000-bed army hospital in Heidelberg, Victoria and in 1943 she was promoted to the position of Chief Occupational Therapist at the Australian Army Headquarters in Melbourne and Advisor in Occupational Therapy to the Director of Medical Services.

## Dedication to Professor Sylvia Rodger, PhD, MedSt, BOccThy, PhD, FOTARA, FAOTA, AM

## Australian Occupational Therapy Clinician, Educator, Researcher, Mentor, and Leader



The editorial team met in 2010 at an Occupational Therapy Academic Emerging Leaders Network created by Emeritus Professor Sylvia Rodger (AM). As a leader, Sylvia inspired and challenged us all to make a difference to the occupational therapy profession, and we dedicate this book to her.

Sylvia completed her Bachelor of Occupational Therapy at The University of Queensland (UQ) in 1981 and began her academic career in 1983 at UQ, receiving a Master of Educational Studies in 1987 and PhD in 1996. She was Head of Occupational Therapy at UQ from 2001–2012. Her contributions during this time included development of the Student Practice Evaluation Form-Revised Edition Package<sup>©</sup> (SPEF-R); Chair of the Australia

and New Zealand Council of Occupational Therapy Educators; she led the team that revised the Occupational Therapy Australia Competency Standards in 2010; and she was an Australian Learning and Teaching Fellow.

Sylvia was an occupational therapy innovator and advocate in many contexts and her contributions extended beyond the university education environment. She was instrumental in introducing the Cognitive Orientation to daily Occupational Performance (CO-OP) approach to Australia and she worked with other leaders to conceive and co-found the Autism Cooperative Research Centre (CRC) in 2013, a comprehensive, end-user-focused research centre addressing the needs of people with lived experience of autism across the life span. The Autism CRC was her final professional role and one where her skills in leadership, education and research, and interest in empowering and building others combined and thrived.

Sylvia received over \$3 million in competitive research funding, published four edited books, 22 book chapters and over 190 refereed journal publications. She supervised around 40 postgraduate research students to completion and was the recipient of many awards in recognition of her nationally and internationally acclaimed work as a clinician, academic and researcher including:

- Order of Australia (AM) in January 2015, for services to occupational therapy education and leadership and to the children and their families who are living with Autism Spectrum Disorder;
- Freda Jacob Award from Occupational Therapy Australia in 2014 for professional excellence and significant and exemplary contribution to the profession nationally and internationally particularly related to contribution to occupational therapy education;
- Fellow of the American Occupational Therapy Association Academy of Research in 2013 in recognition of her exemplary and distinguished contributions towards the science of occupational performance;
- Sylvia Docker Lecture in 2011from Occupational Therapy Australia for outstanding contributions to occupational therapy in Australia;

• Mary Rankine Wilson Award for Professional Excellence highlighting her contribution to occupational therapy education and research in 2009.

Sylvia's final award of Fellow of Occupational Therapy Australia Research Academy was presented posthumously at the Occupational Therapy Australia 27th National Conference in 2017 in recognition of her outstanding research achievements and contributions. The award was accepted by her family to a standing ovation from the conference attendees. Sylvia held many different roles in our lives: supervisor, colleague, postgraduate advisor, co-researcher, mentor and friend. We miss her but her legacy continues with us, and many other occupational therapy clinicians, educators, researchers and leaders throughout Australia and the world. How do you honour a career like this? You honour it by continuing to question and challenge, as Sylvia did, and by continuing to enable each person we work with to reach their potential. Sylvia was a true visionary, advocate and champion of occupational therapy.

## Editors' personal dedications

#### Ted Brown

- David Stevens, life partner and constant source of support and patience for the time my academic pursuits take up;
- Sharon Gutman, friend, colleague and co-researcher for her encouragement and collaboration;
- John Waugh and Colin Martin, dear friends who have listened and laughed with me along the way;
- Professor Jane Case-Smith, Professor Jim Hinojosa and Professor Gary Kielhofner, three occupational therapy scholars and visionaries whose contributions to the profession were exceptional and are enduring.

## Helen Bourke-Taylor

• I thank my family, Jim, Josie, Catie and Seamus and my parents Des and Judy for endless support and encouragement.

## Stephen Isbel

- Dedicated to my family who support me to do what I love doing;
- To my work colleagues who step up each and every time.

#### Reinie Cordier

• I dedicate the book to Elizabeth Holsten and Anita Bundy who were influential in shaping my academic career, and my family for their unwavering support.

#### Louise Gustafsson

- Bill and Diane Bender, my parents who provided the opportunities that set me on the path of inquiry and learning;
- Staffan, Hanna and Sofie, my family who provide me with balance and a reminder of what is really important.



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## **Abbreviations**

ACAS Aged Care Assessment Services
ACAT Aged Care Assessment Teams

ADHD Attention Deficit Hyperactivity Disorder

ADL activities of daily living AHPs allied health professionals

AHPRA Australian Health Practitioner Regulation Agency

AHRG Allied Health Rural Generalist

AIHW Australian Institute of Health and Welfare

AMPS Assessment of Motor and Process Skills

AOPA Australian Orthotic Prosthetic Association

AOTCS Australian Occupational Therapy Competency Standards

AOTJ Australian Occupational Therapy Journal
APA Australian Physiotherapy Association

ARC Australian Research Council
ARIA+ Accessibility and Remoteness Index

ASD autism spectrum disorder

ASGC-RA Australian Standard Geographical Classification—Remoteness Areas

ASOS Australasian Society of Occupational Scientists

AUSLAN Australian Sign Language
BADLs basic activities of daily living
CALD culturally and linguistically diverse

CAPs Critically Appraised Papers

CASP Critical Appraisal Skills Programme

CCMHT The Calgary Cambridge Model of History Taking

CEO Chief Executive Officer

CIMT Constraint-Induced Movement Therapy

CINAHL Cumulative Index to Nursing and Allied Health Literature
CMOP-E Canadian Model of Occupational Performance and Engagement

COAG Council of Australian Governments

CO-OP Cognitive Orientation to Daily Occupational Performance
COPE Care of People with Dementia in their Environments

COPM Canadian Occupational Performance Measure

COSA Child Occupation Self-Assessment

COSMIN COnsensus-based Standards for the selection of health Measurement

**INstruments** 

#### xxvi Abbreviations

CPD continuing professional development
CPPF Canadian Practice Process Framework

CTT Classical Test Theory

CUES Curtin University Empathy Simulator

CVA cerebrovascular accidents
DALYs Disability-Adjusted Life Years

DCD Developmental Coordination Disorder

DIDO drive in drive out EBP Evidence-based practice

ECEI Early Childhood Early Intervention

FBT Family Based Treatment FDM Fused Deposition Modelling

FIFO fly in fly out

FIM Functional Independence Measure

FOR frames of reference

FOTARA Fellow of the Occupational Therapy Australia Research Academy

GCC Gulf Christian College GEM graduate-entry masters GP General Practitioner HiAP 'Health in All Policies'

HMHF Healthy Mothers Healthy Families IALDs instrumental activities of daily living

ICF International Classification of Functioning, Health and Disability

IEP Individual Education Plan

IPE inter-professional practice education

IRT Item Response Theory

ISOS International Society for Occupational Science

JCU James Cook University

LGBTIQ lesbian, gay, bisexual, transgender, intersex and queer

LHNs Local Hospital Networks

MICRRH Mount Isa Centre for Rural and Remote Health

MMM Modified Monash Model MOHO Model of Human Occupation

MOHOST Model of Human Occupation Screening Tool

MRI Magnetic Resonance Imaging

NATSIOTN National Aboriginal and Torres Strait Islander Occupational Therapy

Network

NDA National Disability Agreement
NDIA National Disability Insurance Agency
NDIS National Disability Insurance Scheme

NHMRC National Health and Medical Research Council

NHRA National Health Reform Agreement

NRAS National Registration and Accreditation Scheme

OECD Organisation for Economic Co-operation and Development

OLT Office for Learning and Teaching

O&M Orientation and Mobility

OPI occupational performance issue

OPICs occupational performance issues or challenges OPMA Occupational Performance Model (Australia) OPPM Occupational Performance Process Model

OTA Occupational Therapy Australia

OTARF Occupational Therapy Australia Research Foundation

OTBA Occupational Therapy Board of Australia

OTC Occupational Therapy Council of Australia Ltd
OTD Occupational Therapy Clinical Doctorate

OTIPM Occupational Therapy Intervention Process Model

OTPF-III Occupational Therapy Practice Framework—third edition

PADLs personal activities of daily living PAR Participatory Action Research

PEDI Pediatric Evaluation of Disability Inventory

PEDICAT Pediatric Evaluation of Disability Inventory Computer Adapted Test

PEO Person-Environment-Occupation

PHNs Primary Health Networks

PICO Participants, Intervention, Comparison, Outcome

RCT randomised controlled trial
ROAM Remote Orientation & Mobility
SCED Single Case Experimental Design
SLES School Leaver Employment Supports

SLS Selective Laser Sintering

SMART Specific, Measurable, Achievable, Realistic, and Timely

SPI Structural-Personal Interaction

STC Sydney Training Centre

TAFE Technical and Further Education
TCM Traditional Chinese Medicine
TCP Transition Care Programs

WFOT World Federation of Occupational Therapists

WHO World Health Organization

WWIA Working with Indigenous Australians
UDRH University Departments of Rural Health
USC University of Southern California



# Part I The Australian context



## 1 An introduction to occupational therapy in an Australian context

Helen Bourke-Taylor, Ted Brown, Stephen Isbel, Reinie Cordier and Louise Gustafsson

## Chapter objectives

Upon completion of this chapter, the reader will be able to:

- Describe the structure of this book and the intended purpose and audience.
- Explain the rationale behind an Australian-specific occupational therapy textbook.
- Provide an overview of the relevant Australian population trends related to occupational therapy, according to recent statistical and governmental data.
- Present contemporary workforce trends in occupational therapy.
- Discuss the occupational therapy profession and how this textbook is situated within the Australian context of an evolving, evidence-based responsive profession.

## Key terms

occupational therapy; Australia; Australian population; health care

#### Introduction

You may be an occupational therapy student at the beginning of a degree that will launch your career as a registered occupational therapist. You may be a recent graduate, a practitioner or an overseas trained professional seeking knowledge and skills to practise within the Australian context. You may be an educator charged with responsibilities to create and deliver contemporary curricula within the Australian context. Whoever you are, we invite you to peruse this edited textbook. The book has been designed and written by current experts in the field, both to inform you about the occupational therapy context in Australia and to inspire you!

As defined by the World Federation of Occupational Therapists (WFOT), occupational therapy is a:

client-centred health profession concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement.

(WFOT, 2012, p. 1)

Occupational therapy is a profession that has evolved in response to the occupational, health and social needs and concerns of Australians across the lifespan. In this chapter we will provide an overview of the order, content and Australian context of the book. After describing the structure of this book, we provide a brief overview of contemporary Australians: who we are and how we live; where we live and work; and how we experience health, ability and disability. Finally, we will present current data about practising occupational therapists in Australia. According to this structure, this chapter is divided into three sections with representative headings.

## 1. Overview of book structure

This edited book aims to provide an overview of occupational therapy practice and professional issues within an Australian context. This is the second edition of the first comprehensive Australian occupational therapy edited textbook that brings together practice and context issues common to the profession in Australia. The book has been written by Australian authors for use by Australian occupational therapy students and practitioners. The book does not provide in-depth chapters on specific occupational therapy speciality practice areas—such as physical disabilities, paediatrics, mental health, vocational rehabilitation or hand therapy—since comprehensive texts on these topics already exist and are frequently prescribed by educators and academics for use by students. Rather, this book aims to provide a unique Australian perspective on occupational therapy professional and practice issues at an introductory level. It is designed to be a comprehensive text for students to access information about the occupational therapy profession in Australia.

The book is divided into three parts. Each of the parts has chapters written by small teams of authors. Woven throughout the book are chapters and sections of chapters that highlight the unique features of occupational therapy practice and issues pertinent to occupational therapy as a profession in Australia.

The first part addresses foundational issues and includes chapters on the Australian health care and education systems, the history of occupational therapy in Australia, ethical and legal responsibilities of occupational therapy practice, the role of professional associations and regulatory bodies, the scope of practice of occupational therapists in Australia, values and philosophy of occupational therapy, and health promotion and health literacy. The second part focuses on occupational therapy issues of a broad professional nature, including skills for effective communication, client-centred practice, occupational science, education of occupational therapists, evidence-based practice, occupational therapy research, clinical reasoning and commonly used practice models. The third part of the book presents practice issues, including the environment, the occupational therapy practice process, occupation analysis, occupational therapy practice areas, age groups that occupational therapists work with, and clinical practice areas. Activity, task and occupational analysis and specific types of occupation (e.g., self-care, productivity, education, leisure, play, rest, sleep and social participation) will be discussed.

The practice issues section also covers such topics as rural and remote occupational therapy practice, a strengths-based approach for working with Aboriginal and Torres Strait Islander communities, and assessment tools developed by Australian occupational therapists. Other chapters in this part include emerging practice areas in occupational therapy and primary health care, and entrepreneurship, leadership and advocacy in the

occupational therapy profession. Each chapter provides an overview, keywords, specific chapter objectives and review questions for the reader to consider. Educators will find the PowerPoints associated with each chapter useful and a good foundation for presentations based on the chapter.

The following section presents an overview of characteristics and defining features of the Australian population. After all, occupational therapy is a profession that has historically served, and will continue to serve, many different people in Australian communities for years to come. The next section addresses questions of interest to occupational therapy practitioners, educators and researchers: Who are Australians? How and where do they live? What are the main health issues? What occupational therapy services are needed?

## 2. Contemporary Australians: Who we are, how we live and work and how we experience health and disability

#### Who we are

There are over 25.6 million people living in Australia (Australian Bureau of Statistics [ABS], 2020a) with projections estimating that our population size will reach more than 42 million by 2066, (ABS, 2018). Around 3.3 per cent of Australians identify as Aboriginal or Torres Strait Islander, which constitutes around 800,000 people (ABS, 2019a). The three most populous states where Aboriginal and Torres Strait Islanders live are: New South Wales (33 per cent), Queensland (28 per cent) and Western Australia (13 per cent). Although the Northern Territory (NT) is home to 9 per cent of Indigenous Australians, the NT has the highest proportion per regional population of Indigenous Australians (30 per cent) (ABS, 2019a). Aboriginal and Torres Strait Islander people reside mainly in inner and outer regional areas (44 per cent), then cities (37 per cent) and a smaller population in remote and very remote areas (19 per cent) (ABS, 2019a). The occupational therapy profession in Australia is dedicated to an appropriate response to the health, well-being and occupational needs of this important group of first Australians through overt requirements in the Australian Occupational Therapy Competency Standards (AOTCS) implemented in 2019 (Occupational Therapy Board of Australia, 2018).

Australia has diverse family constellations, cultures and dynamics and occupational therapists include the perspectives of Australian families as they engage in familycentred practice in virtually every area of practice. Australia is a diverse nation with 300 ancestries and languages and 100 different religions (ABS, 2017). About 20 per cent of the population were born in Australia, but with one or both parents born overseas (second generation Australian) and 27 per cent of the population were born overseas and residing in Australia (first generation Australians). According to the Australian Bureau of Statistics, first generation Australians come from many countries to live in Australia, the more common being the United Kingdom (15 percent); China (8.3 percent); and India (7.4 percent) (ABS, 2017). With so many Australians born overseas, it is not surprising that one in five Australians speaks a language other than English at home. English remains the most common language, being the primary language in nearly 81 per cent of households. These figures are relevant to occupational therapists due to the need to work with clients who are culturally and linguistically diverse, regardless of whether the person was born overseas or has parents and a family culture that has originated overseas.

In 2016, 49 per cent of families consisted of two adults and children; 21 per cent were couples without children; 12 per cent were single parent families; 9 per cent lived alone; and 4 per cent were adults in a group living arrangement (ABS, 2019b). While about 80 per cent of families with children under 15 years are two-parent homes, 18 per cent have a single mother as head of the household and 3 per cent have a single father as head of the household (ABS, 2019b). The median age of the eldest child was nine, and the median age of the younger child was six (ABS, 2019b). Among both single people and families, over 52 per cent identify as Christian, 8 per cent of the population identify as either Buddhist, Muslim, Hindu or Jewish, and 30 per cent have no religion or did not report it (ABS, 2017). Thus, with Australian citizens coming from such diverse backgrounds, culturally competent occupational therapists, as well as culturally safe interventions, are of the utmost importance for our clients and their families.

Where Australians live and who they live with is of the utmost importance to occupational therapists in many clinical specialty areas. Whether working with children, the aged, people who are recovering from illness or injury, many occupational therapists may be working to assist a person to return home from a medical or rehabilitation setting, provide home based therapy services, or home modifications to enable access and occupational performance. Occupational therapists also assist children in educational settings and employees in their work environments.

The vast majority of Australians live with other people, although one quarter of Australians now live in single person households (ABS, 2017) and the majority continue to be women over the age of 60 (de Vaus & Qu, 2015). More Australians live alone for a shorter period of time due to factors such as partnership status, marriage separation, working arrangements and spousal death (de Vaus & Qu, 2015). Seventy-two per cent of Australians live in separate (free-standing) houses, a number that has reduced consistently over the last 40 years (ABS, 2017). The reduction in part is due to increased construction of high-rise units in urban areas. High-rise units (flats or apartments in four or more storey blocks) and townhouses or detached smaller dwellings now make up 26 per cent of Australian dwellings with higher density living increasing (ABS, 2017). High-rise living is more common for younger adults rather than older people or families with children (48 per cent of people living in high-rise units were aged 18 to 35 years, compared with 25 per cent in the general population). Older Australians continue to live in free-standing homes or residential care (ABS, 2012).

Occupational therapists work with people across the lifespan and therefore the statistics about the Australian population are important. The age distribution of Australians requires a closer look to further examine the role of occupational therapy across the lifespan (see Chapter 22) and to understand trends in relation to projected occupational therapy workforce needs. Ageing Australians are a major focus for occupational therapy—providing services within hospitals, rehabilitation, aged-care and community settings. Recently, the federal government has introduced navigation and information sites such as My Aged Care (see http://www.myagedcare.gov.au/), which have been set up to support older Australians and their families. Occupational therapists also work with the very young and adolescents, providing services in early intervention centres, schools, hospitals and community centres (see Chapter 23). Occupational therapists work with adults to enable occupational participation following the development of a mental health condition, disability or medical condition that requires facilitation of occupational performance, safety and participation in environments of importance to the person.

The median age (i.e., the age at which half the population is older and half is younger) of the Australian population is increasing and was 37 years in mid-2019 (ABS, 2019b). Over the next several decades, the population ageing is projected to have implications for Australia, including: health, size of the working-age population, housing and demand for skilled labour (ABS, 2019b). Australia's population is ageing as a result of several factors: sustained low fertility or reduction in chosen family size and increasing life expectancy for both men and women (ABS, 2019b). Consequently, compared to previous decades, Australia now has proportionally fewer children under 15 years of age in the population, and a proportionally larger increase in those aged 65 and over (ABS, 2019b). For example, over the last decade, the proportion of people aged over 65 years increased from nearly 12 to 15 per cent and the proportion of people aged 85 years and older doubled from 1 per cent to 2 per cent. In the past decade, the number of children under 15 years decreased from 22 per cent to 19 per cent; these age trends are expected to continue (ABS, 2019b).

The so-called working age population in Australia is aged 15 to 64 years and constitutes 66 per cent of the population (ABS, 2019c). One concern for the Australian health and care industries is that the non-working age group population (mainly people over 65) is growing faster than the working age population (people aged 15 to 64 years) (ABS, 2019c). This fact has direct implications for occupational therapists in that the profession will need to continue to build a sustainable workforce in order to appropriately service an ageing population who are likely to value independent and supported living in the community.

#### Where we live and work

Occupational therapists are specialists in modifying and facilitating a more enabling environment that will improve occupational participation for people of all ages, across different geographical and physical living environments. The diversity of living circumstances across Australia attests to the necessity for occupational therapists to be professionally adaptable and flexible to collaborate and work with different clients.

Occupational therapists may work with individuals, groups or communities in any area in Australia and may be exposed to technology to deliver health services (known as eHealth or telehealth) in areas that are regional or remote. The vast majority of Australians live in cities or regional inner or outer areas. The Australian Bureau of Statistics advises that the most populous states are New South Wales with 8 million people, Victoria with 6.6 million people and Queensland with 5 million residents (ABS, 2019d). Other states and territories have a substantially lower population, as Western Australia is the next populous with just 2.6 million. More than two-thirds of Australia's population live along the east coast, in a capital city and surrounding metropolitan area, or a major city or district, for example, the Gold Coast, Newcastle, Central Coast, Wollongong, Sunshine Coast, Townsville, Geelong and Cairns (ABS, 2015). The population of residents in Perth and Adelaide continues to grow and the trend is for these figures to continue to increase with migration. The population of Australia's large cities grew at double the rate of the rest of the country. Over recent years, the largest population declines were in Australia's regional areas (Australian Institute of Health and Welfare [AIHW], 2015). While major cities are experiencing a population boom, regional cities are experiencing slower growth and rural, remote and very remote areas in Australia are facing a decline in population.

Human beings value self-care, leisure, play and productive occupations. Cultures and geographical areas vary in their lifestyle opportunities and the daily occupations of people in the community. Australians value work (paid or unpaid), leisure, independence in self-care and care of significant others. Productive occupations are valued and a responsibility for the vast number of Australian adults of working age. Therefore, occupational therapists can expect to address return to work issues with their clients when health has deteriorated, when the client has been injured at work, or when the client acquires a condition of disability that changes their work capacity.

Australians are workers. There are nearly 12 million Australians in the workforce over 8 million full-time workers and over 3.5 million part-time workers (ABS, 2019c). The Australian unemployment rate is approximately 4.7 per cent (ABS, 2020b). Currently, there are more people who consider themselves underemployed compared with previous decades, particularly people in casual work. Where people work and the types of occupations that people engage in have changed over the decades. One hundred years ago, being a farmer, labourer, tailor or tradesman was more common. Just a decade ago, the most common occupation in Australia was sales assistant, reflecting the large number of part-time sales assistants in the labour force (ABS, 2012). At that time, men were commonly in the occupations of truck driver, electrician and retail manager. For women, common occupations were office jobs and primary school teacher (ABS, 2012). By 2017, the most common occupations were: professionals (18.2 per cent), clerical and administrative workers (11.5 per cent) and managers (10.7 per cent). The most common industry for work is currently health care and social assistance (ABS, 2019c).

## How we experience health and disability

Australia is a large agricultural country providing people with access to healthy eating, active and social lifestyles and easily accessible educational choices. Australian families most frequently have healthy lifestyles consuming fresh local foods. The Australian Institute of Health and Welfare (AIHW) is the premier government organisation that collects and reports information on a wide range of health and welfare issues affecting Australians. Every second year the AIHW presents a snapshot of the nation's health, providing occupational therapists with statistics about prevalence and incidence of health issues that affected men, women, children, young people, adults and older adults. Many of these trends will be evident in the way occupational therapy practice develops and responds to population issues. The reports provide a snapshot across a broad range of subjects—from hospitals, disease and injury, and mental health, to ageing, homelessness, disability autism and child protection—and may be found at the website https://www. aihw.gov.au/reports-data/health-welfare-overview.

In a country characterised by wide-open spaces and a vast coastline, it is no wonder Australians have a love of sport, high rates of leisure participation and many recreational opportunities. Many adults have work conditions that are favourable for occupation leisure balance, with generous full-time work conditions: more than ten public holidays and recreational leave of four weeks for full-time workers. Two-thirds of Australians participate in physical recreation and sport (ABS, 2015). Australians engage in leisure at reasonably high rates with time use studies indicating that men participate in leisure more frequently than women and men have more free time than women (ABS, 2006). Yet, in 2014–2015, when surveyed about activity participation in the past week, just over half of the population had participated in sufficient physical activity to meet Australian Heart Foundation guidelines, that is, less than half of Australian adults are active enough (Australian Government Department of Health, 2015).

It is important to acknowledge that families develop a health culture in relation to physical activity, food and exercise. Poverty or financial strain are associated with a family health culture, and therefore while children will benefit from a healthy family culture, they are also vulnerable to impoverished living conditions (Buddelmeyer & Lixin, 2009). Although Australians are living in a plentiful country with good quality fresh foods and in a culture that values time away from work and time engaged in sport and recreation, there may be a disparity with the necessary levels of participation needed to achieve optimum health.

Australians in general experience similar exposure to lifestyle determinants for ill health as people in other developed countries. As many as 30 per cent of Australian deaths are caused by modifiable risk factors that determine health: tobacco smoking, dietary behaviour, physical activity, alcohol consumption, sexual behaviours and vaccination behaviours (AIHW, 2018). Smoking rates sit at 15 per cent and are higher in regional and remote Australia. Sixty-four per cent of Australian adults and 28 per cent of school-aged children are overweight or obese (AIHW, 2018). Only 50 per cent of Australians meet the daily requirement for servings of fruit and only 7 per cent meet the guidelines for servings of vegetables (AIHW, 2014). Occupational therapists are wholly concerned with participation in occupations, lifestyle, productive time-use and health. Therefore, we need to know about current lifestyle habits and health sequelae. The next section discusses the major long-term health conditions in Australia and some prevalent disabilities.

Australians have long life expectancy—81 years for men and nearly 85 years for women (AIHW, 2018). Further, in 2018, cardiovascular disease was the leading cause of death for men and dementia was the leading cause of death for women. The most recent National Health Survey of 2014–2015 (ABS, 2016) identified the following prevalent conditions (percentage prevalence in the Australian community in brackets):

- mental health and behavioural conditions (more than 15 per cent);
- arthritis (15 per cent);
- asthma (11 per cent);
- hypertension (11 per cent);
- high cholesterol (7 per cent);
- heart disease (5 per cent); and
- diabetes mellitus type 2 (DMT2) (5 per cent).

The AIHW estimates that around 45 per cent of the population will experience a mental health condition in their lifetime (AIHW, 2018). It is well known that mental health conditions frequently co-occur with chronic health conditions including DMT2, Chronic Obstructive Pulmonary Disease and osteoporosis, as well as being overweight or obese (AIHW, 2014; 2015; 2018). One in four Australian children and teenagers will experience a mental health condition (AIHW, 2018). Mental health is a primary area of practice for occupational therapists and the need for health workers is expected to grow (AIHW, 2014). The history of the profession finds its roots in the mental health of people living in asylums over a century ago. The methods and context of delivery of services has changed dramatically, moving from segregated institutions to community based practice. However, the needs of the community remain strong—mental health is a major health concern in Australia.

While primary medical conditions, such as those listed, are of concern to occupational therapists, the potential secondary complications of these conditions almost always require contact with an occupational therapist. When people with one or more of these medical conditions experiences hospitalisation within a rehabilitation setting, they are very likely to receive the services of an occupational therapist. For example, cerebrovascular accidents (CVA) are a potential sequelae following hypertension and high cholesterol. Each year around 52,000 people have a CVA or stroke with about 440,000 Australians currently living following a CVA (National Stroke Foundation, 2014). There are many other groups of people within the estimated 4 million Australians who have a disability, 9 per cent of whom are children (Australian Government Productivity Commission, 2011). The most prevalent disability in Australia is autism with a prevalence rate of 1 in 150 persons (AIHW, 2017)

The AIHW released a report about disability in Australia in 2019 (AIHW, 2019). About one in five Australians has a disability, although people with disabilities have lower levels of employment, health and well-being and face discrimination at higher rates (AIHW, 2019). People with disabilities are known to be a vulnerable group with regards to physical, social and mental health outcomes (AIHW, 2019). The National Disability Insurance Scheme revolutionised the lives of people under 65 years living with disability in Australia. It is expected that 460,000 people will be supported by the scheme by 2021 (AIHW, 2019). Never before have people with disability experienced a scheme offering lifetime support for achievement of social and economic participation in their communities. As a consequence, health and disability services have been heavily influencing the roll-out of the scheme and occupational therapy is a part of the package of many participant schemes. Further, there are over 2.7 million unpaid family carers in Australia and carers frequently experience their own physical, mental health and occupation needs. The National Carer strategy is a federal government initiative set up to address the needs of carers and the Carer Gateway provides a publicly available navigation portal for carers to find services such as occupational therapists (see http:// www.carergateway.gov.au/).

Further, other groups of Australians have been identified as being more vulnerable to poor health outcomes than other Australians: Indigenous people are generally less healthy and have lower life expectancy; rural and remote residents have poorer health and access to services; people with a type of disability have poorer health outcomes; prisoners are known to have higher rates of disability and mental health issues; similar challenges are reported for refugees and socio-economically disadvantaged Australians (AIHW, 2015). Although such groups report better health, they are also likely to be higher users of health services and therefore occupational therapists are likely to provide services to people from these groups as well. Identifying vulnerable groups enables the occupational therapy profession to target and tailor services to the needs of communities.

# 3. Practice in Australia: Who are we as a profession?

Occupational therapy in Australia has evolved from being a nursing specialty known as occupation treatments in the 1920s (see Chapter 3) to being the diverse, registered (see Chapter 11), carefully governed (see Chapter 4), research-focused and evidence-based profession it is today (see Chapters 14 and 15). Occupational therapy became a registered profession nationwide in 2012.

In line with the distribution of Australia's population in the states and territories described above, there are over 22,000 practising registered occupational therapists working across the country with distribution approximately as follows: 28 per cent in New South Wales; 25 per cent in Victoria; 20 per cent in Queensland; 14 per cent in Western Australia; 8 per cent in South Australia; 2 per cent in the Australian Capital Territory; 1.5 per cent in Tasmania; and 1 per cent in the Northern Territory (Occupational Therapy Board of Australia, 2019). Further, 50 per cent of registered occupational therapists were under the age of 35 years and 91.5 per cent were female. The following were the most common areas of practice for professionals (percentage distribution in practice area): 20 per cent in rehabilitation; 17 per cent in paediatrics; 16 per cent in aged care; and 12 per cent in mental health (AIHW, 2013).

The job market for occupational therapists follows population needs and Australia's areas of need are clear. We already see emerging occupation-based practice areas to address newer practice areas related to refugee health and well-being, carer health, mental health and vulnerable populations. Technology has become a part of everyday practice within the practice, with moves towards telehealth evident in response to the COVID-19 pandemic of 2020. Technology and assistive devices are featured in Chapter 24. Occupational therapy students increasingly complete project fieldwork placements and fieldwork in non-traditional or emerging practice areas. Such valuable experiences create awareness of current needs and build creativity, thus equipping incoming occupational therapy professionals to respond to the ever-changing needs of the Australian population.

### Conclusion

This book provides a detailed view of occupational therapy in Australia. As editors we aim to inspire, inform and encourage readers to embrace the complexities of the profession and commit to further growth so that all Australians, whether residing in major cities, regional or remote areas, will have access to occupational therapy services when they need it. We believe that occupational therapy is a profession with a strong track record of providing innovative and evidence-based practice. Embedded within our professional identity is a nascent potential to continue to expand on areas of practice aimed at being responsive to the needs of the Australian population and thereby improving people's lives.

## Summary

- The book is a comprehensive text with three well-defined parts containing representational chapters.
- Australia has unique geography, population characteristics and distribution and occupational therapy practitioners are well placed to serve the country.
- The Australian population is growing, has an ageing element and many individuals with health conditions and disabilities who may select occupational therapy services across their lifespan.
- There are many sub-populations and areas of practice for occupational therapists to specialise in and provide evidence informed and responsive service now and as Australia progresses into the future.

### Review questions

- 1. How large is Australia's population and describe the terms: working age population, third generation Australian and most populous states in relation to the current population trends?
- 2. What are the most prevalent health conditions in Australia and which sub-populations are at higher risk?
- 3. What is the most common health condition in Australia and what proportion of Australians seek health related services?
- 4. How many occupational therapists practice in Australia and what are the three most common areas of practice?

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