

OCCUPATIONAL THERAPY *in* AUSTRALIA

Professional and practice issues



EDITED BY TED BROWN, HELEN BOURKE-TAYLOR,
STEPHEN ISBEL AND REINIE CORDIER

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DEDICATIONS

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. She graduated from the Philadelphia School of Occupational Therapy in the United States in 1933 and then went on to the United Kingdom to complete further postgraduate study at Dorset House, the first British School of Occupational Therapy. 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, New South Wales.

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 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 the Sydney Occupational Therapy School. In 1959, she was awarded an MBE 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 an occupational therapy department at a 2000-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 Adviser in Occupational Therapy to the Director of Medical Services.

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EDITORS' PERSONAL DEDICATIONS

Ted Brown

I would like to dedicate this book to the following individuals:

- David Stevens, life partner and constant source of support and patience for the time my academic pursuits take up;
- George and Erma Brown, my parents, who instilled in me the importance of the pursuit of knowledge, being curious and remaining grounded;
- Sylvia Rodger, friend, colleague and doctoral supervisor who is an occupational therapy educator, researcher, advocate and visionary; and
- John Waugh and Collin Martin, dear friends who have listened and laughed with me along the way.

Helen Bourke-Taylor

- My personal dedication is sincere and heartfelt thanks to my family—Jim, Josie, Catie and Seamus.

Stephen Isbel

- Dedicated to my family for their patience and support and to my colleagues for the opportunity to be involved in a wonderful project.

Reinie Cordier

- I dedicate the book to Elizabeth Holsten and Anita Bundy, who were influential in shaping my academic career.



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FOREWORD BY PROFESSOR JENNY ZIVIANI

When book publishers still had representatives who wore out shoe leather visiting academics to introduce new texts, I recall the frustration of finding nothing that captured occupational therapy in an Australian context. Invariably we would recommend overseas texts to students in which we would then have to unpack aspects of practice that did not translate to the local context. While we now have many Australian occupational therapy authors, nothing prior to this book has really brought together both professional and practice issues in such a comprehensive way.

For those involved in the education of occupational therapists in Australia, there has been a yearning for a textbook which can really contextualise practice with all its geo-socio-political nuances. It is truly an indication of the maturity of our profession in Australia that Ted Brown, Helen Bourke-Taylor, Stephen Isbel and Reinie Cordier have taken on such a task. Even more impressive is the array of contributors with whom they have worked to capture the development of occupational therapy in Australia, where it is heading and the processes inherent in its philosophy and practice which will carry it forward.

Each chapter in this text is imbued with descriptions and references relevant to occupational therapists practising in Australia. The chapters in Part 1 that specifically focus on the Australian context not only provide context and history but also clearly outline for students their ethical and legal responsibilities as health care providers. The role and powers of professional and regulatory bodies that are charged with supporting therapists and also protecting the public are also clearly articulated.

The professional focus in Part 2 provides a real sense of the approaches to practice that are endorsed throughout Australian occupational therapy programs. With occupation at the heart of the profession and a belief in the salience of client-centred practice, clinical reasoning is the skill by which students learn how to practise their profession. Recognition of the enormous contribution that has and continues to be made to research and evidence-based practice by Australian practitioners can only serve to inspire students about the profession which they are about to join, and contribute to, in this country.

The final part, which reflects on the professional core business of occupation, its development, assessment and analysis, foreshadows the numerous examples provided of where therapists practise and the opportunities that are yet to be explored. While hospitals, educational and community settings have long welcomed the contribution of occupational therapists, the next generation of practitioners needs to look to the health issues in emerging fields of practice such as health promotion and in primary health care settings. The chapter attending to the occupational identity and

needs of Indigenous Australians is particularly informative. The fact that so many occupational therapists use and develop their skills in organisations for the purpose of informing policy, management, advocacy and leadership attests to the unique skill set that training, professional support and individual energy and commitment can achieve.

The material in this book is presented in a clear and logical manner which is easy to read. Each chapter concludes with summary questions upon which the reader can reflect. A list of resources and agency contacts further contributes to this book being a truly valuable resource for all Australian occupational therapy students and practitioners. For therapists trained overseas who plan to practise in Australia, it also provides an accessible means of obtaining the information needed and insights that are so valuable when making such a transition.

The editors and contributors to this valuable book are to be commended on their timely effort in bringing this text to fruition.

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FOREWORD BY PROFESSOR CAROLYN M. BAUM

It is exciting to see the first Australian text in occupational therapy. It signals that the science and the practice, as well as the scientists and clinicians who have developed the knowledge, have come of age and now are giving voice to the occupational therapy profession in Australia. The rest of the world has followed and used your work for at least twenty years, as you have some of the top scientists in the field of occupational therapy, have many who have given a strong voice to occupational science and some outstanding clinicians who have built solid community models to serve the public needs for housing, work, safety and socialisation.

This text lays a structural foundation for the profession in Australia; however, the context will serve an international audience with its focus on professional issues, including evidence-based practice, clinical reasoning, measurement, introduction of contemporary practice models and research.

Australia has a long history of practice in community settings. The use of an occupational approach in primary care, rural practice and Indigenous health will serve as an important model for countries wishing to employ occupational therapy with those populations.

Congratulations to all who have contributed to the text in the writing, but also to those whose contributions to the science practice brought the profession to the level it needed to be written about. This is a text that will have many editions and document the evolution of the profession for decades to come.

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PART 1

THE AUSTRALIAN CONTEXT



CHAPTER

1

An introduction to occupational therapy in an Australian context

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

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 Australian population 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 the knowledge and skills to practise within the Australian context. You may be an educator charged with responsibilities to create contemporary curricula within the Australian context. Whoever you are, we invite you to peruse this 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 wellbeing 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 and health needs and concerns of Australians across the lifespan. In this chapter we 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 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 book aims to provide an overview of occupational therapy practice and professional issues within an Australian context. It is the first comprehensive Australian occupational therapy 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. Rather, this book aims to provide a unique Australian perspective on occupational therapy professional and practice issues at an introductory level. It is 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 individual authors or small teams of authors. Woven throughout the book are

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chapters and sections of chapters that highlight the unique features of occupational therapy practice and issues pertinent to occupational therapy as a profession.

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, and health promotion and health literacy. The second part focuses on occupational therapy issues of a broad professional nature, including the values and philosophy of occupational therapy, scope of practice of occupational therapists in Australia, 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 occupational therapy practice process, occupational 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, occupational therapy with Indigenous 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, specific chapter objectives and review questions for the reader to consider. Educators will find the online 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?; and 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 24 million people living in Australia (ABS population clock) with projections estimating that our population size will reach 42 million by 2061, and up to 70 million by 2100 (ABS 2015a). Around 3 per cent of Australians identify as being of Aboriginal or Torres Strait Islander descent, which constitutes around

700,000 people (ABS 2013c). Further, more than half of Aboriginal and Torres Strait Islanders live in New South Wales or Queensland, although the Northern Territory has the highest proportion of Indigenous Australians (30 per cent) (ABS 2013c).

Australia has diverse family constellations, cultures and dynamics and occupational therapists must accommodate Australian families in virtually every area of practice to be family-centred. In 2011, 53 per cent of the population was Australian born with both parents and at least one grandparent born in Australia (third generation Australian) (ABS 2013b). This percentage includes Indigenous Australians. About 20 per cent of the population was Australian born but with one or both parents born overseas (second generation Australian) and 27 per cent of the population was born overseas and residing in Australia (first generation Australian). According to the Australian Bureau of Statistics, first generation Australians come from many countries to live in Australia, the most common being the United Kingdom (5.2 per cent); New Zealand (2.6 per cent); China (1.9 per cent); India (1.7 per cent); and both the Philippines and Vietnam (1 per cent) (ABS 2015b). With so many Australians born overseas, it is not surprising that nearly one-third of Australian children live in families where at least one parent was born overseas. English remains the most common language, being the primary language in nearly 81 per cent of households. These figures are relevant to occupational therapists as the chance of working with clients who are culturally and linguistically diverse is between 20 and 50 per cent, regardless of whether the person was born overseas or has parents and a family culture that has originated overseas.

In 2011, over two-thirds of people (71 per cent) were living in coupled families. Most coupled families have children living at home (54 per cent), and among these families, the most common family size was four people, two adults and two children. While 79 per cent of families with children under fifteen 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 2012a). The median age of the eldest child was nine, and the median age of the younger child was six (ABS 2012a). Further, nearly 50 per cent of families had a child under the age of five years (ABS 2012a). Among both single people and families, over 60 per cent identify as Christian, 1 to 2 per cent of the population identifies as either Buddhist, Muslim, Hindu or Jewish, and 22 per cent have no religion (ABS 2013b). Thus, with such diverse Australian families, culturally competent occupational therapists, as well as culturally safe interventions, are of the utmost importance for our clients.

The vast majority of Australians live with other people. Only 13 per cent of adults live alone and in private dwellings, and the majority are women over the age of 60 (de Vaus & Qu 2015). Far more Australians live alone for a shorter period of time due to factors such as marriage status, marriage separation, working arrangements and spousal death (de Vaus & Qu 2015). With regard to living arrangements, 48 per cent of 20–24-year-olds live with their parents and 13 per cent of 25–34-year-olds live

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with their parents (ABS 2012a). Three-quarters of Australians live in a separate (free-standing) house, a number that has reduced only slightly in the last 40 years (ABS 2012c). 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) made up 4 per cent of all dwellings in 2011, 2 per cent higher than in 1991. 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 tend to live in free-standing homes or residential care (ABS 2012c).

The age distribution of Australians requires a closer look to further examine the role of occupational therapy across the lifespan (see Chapter 19) 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 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 20). 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 (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-2012 (ABS 2013a). Over the next several decades, population ageing is projected to have implications for Australia, including: health, size of the working-age population, housing and demand for skilled labour (ABS 2016a). 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 2012c). Consequently, compared to previous decades, Australia now has proportionally fewer children under fifteen years of age in the population, and a proportionally larger increase in those aged 65 and over (ABS 2013a; 2015a). 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 fifteen years decreased from 22 per cent to 19 per cent; these age trends are expected to continue (ABS 2015a).

The so-called working-age population in Australia is aged fifteen to 64 years and constitutes 66 per cent of the population (ABS 2013a). One concern for the Australian health and care industries in Australia is that the non-working-age group population (mainly people over 65) is growing faster than the working age population (people aged fifteen to 64 years) (ABS 2012b). 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 meaningful 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 in order to collaborate and work with different clients.

The Australian Bureau of Statistics advises that the most populous states are New South Wales with 7.5 million people, Victoria with 6 million people and Queensland with nearly 5 million people resident (ABS 2012c). Other states and territories have a substantially lower population, as Western Australia is the next populous with just 2.5 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, e.g. the Gold Coast, Newcastle, Central Coast, Wollongong, Sunshine Coast, Townsville, Geelong and Cairns (ABS 2015a). The populations of Perth and Adelaide continue 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 (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 occupation. Cultures and geographical areas vary in their lifestyle opportunities and the daily occupations of people in the community. Australians value work, leisure, independence in self-care and care of significant others. 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 2012b; 2016a). The Australian unemployment rate is approximately 5.8 per cent (ABS 2016a). 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. Today, for both men and women, the most common occupation in Australia is a sales assistant, reflecting the large number of part-time sales assistants in the labour force (ABS 2012c). For men, other common occupations were truck driver, electrician and retail manager. For women common occupations are office jobs and primary school teacher (ABS 2012c).

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Further, in Australia, most workers will achieve a post-school qualification in a field of work, although only about one-quarter of Australian adults have a university qualification.

Occupational therapists can expect to service clients 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. Paid productive occupations are valued and a responsibility for the vast number of Australian adults of working age. 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.

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 National Health Survey is an Australian survey that measures the subjective health and wellbeing of a large representative sample of Australians aged fifteen years and older (AIHW 2014; 2015). In 2014–15, nearly 53 per cent of Australians considered themselves to be in very good or excellent health, while only 15 per cent rated their health as poor (AIHW 2014).

In a country characterised by wide open spaces and a vast coast line, 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 occupational-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 2015c). 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 2014–15, 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, i.e. 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 2011a). Smoking rates sit at 15 per cent and are higher in regional and remote Australia. Sixty-four per cent of Australian adults and 27 per cent of children are overweight or obese (AIHW 2014). Only 50 per cent of Australians meet the daily requirement for serves of fruit and only 7 per cent meet the guidelines for serves of vegetables (AIHW 2014). Occupational therapists are wholly concerned with participation in occupations, lifestyle 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.

The National Health Survey of 2014–15 (ABS 2016b) 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).

In 2014–15 there were 4 million Australians (17.5 per cent) who reported having a mental health condition and the majority also reported co-existing long-term physical health conditions. Conditions included DMT2, Chronic Obstructive Pulmonary Disease and osteoporosis, as well as being overweight or obese (AIHW 2011a; 2014; 2015). One in four Australian children and teenagers will experience a mental health condition (AIHW 2011b). Mental health is a primary area of practice for occupational therapists and the need for health workers is expected to grow (AIHW 2011c; 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 experience hospitalisation within a

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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). People with disabilities are known to be a vulnerable group with regard to physical and mental health outcomes (AIHW 2011c). The National Disability Insurance Scheme has been set up and aims to provide service to hundreds of thousands of Australians with disability. Further, there are over 2.5 million unpaid family carers in Australia, and carers frequently experience their own physical, mental health and occupation needs (Australian Government 2010). 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 have been reported for refugees and socio-economically disadvantaged Australians (AIHW 2011a; 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 12 and 13). 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 18,000 practising registered occupational therapists working across the country: 28 per cent in New South Wales; 25 per cent in Victoria; 19 per cent in Queensland; 14 per cent in Western Australia; 8 per cent in South Australia; 2 per cent in the Australian Capital Territory; 2 per cent in Tasmania; and 1 per cent in the Northern Territory (Occupational Therapy Board of Australia 2016).

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 wellbeing, carer health, mental health and vulnerable populations (see Chapter 21). Occupational therapy students increasingly complete project fieldwork placements and fieldwork in non-traditional or emerging practice areas. These 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

- This 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 of 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 practise in Australia and what are the three most common areas of practice?

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