

Capability framework

OCCUPATIONAL THERAPY IN FORENSIC MENTAL HEALTH

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ACKNOWLEDGEMENT OF COUNTRY

The Victorian Institute of Forensic Mental Health acknowledges Victoria's Aboriginal and Torres Strait Islander community and its rich culture and pays respect to its Elders past and present. We acknowledge Aboriginal and Torres Strait Islander people as the traditional owners and custodians of the land and water on which we live, work and play. We recognise and value the ongoing contribution of Aboriginal and Torres Strait Islander people and communities to Victorian life and how this enriches our society more broadly. We embrace the spirit of self-determination and reconciliation, working towards equality of opportunities and ensuring an equitable voice

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Preamble

INTRODUCTION TO THE CONTEXT

Occupational therapy is a health profession that aims to maximise health, wellbeing and participation using occupation (Chui et al., 2016). According to the World Federation of Occupational Therapists, occupations are everyday activities that people do to occupy time and bring meaning and purpose to life (Pereira et al., 2020). Occupational therapists work with individuals and groups in a range of mental and physical health, education and industry, and community settings.

Forensic mental health settings (FMHS) include secure hospitals, prisons, courts and community-based services (Whiteford et al., 2020). Consumers within FMHS have a diagnosed mental illness and have come in contact with the criminal justice system through various legal pathways (Pereira et al., 2020; Whiteford et al., 2020). Occupational therapists work across FMHS as core members of the multidisciplinary team (MDT; Morris & Ward, 2018; Mynard et al., 2024).

There is significant crossover between the roles and skills of occupational therapists working in general mental and physical health settings and those in FMHS, however, there are also specialised roles and skills that are unique to the setting.

INTRODUCTION TO THE DEVELOPMENT OF THE FRAMEWORK


The Australian Department of Health and Human Services (2016) define the term capability as “observable abilities necessary to perform a particular type or level of work activity”. Capabilities can incorporate skills, knowledge, attitudes and expertise that can be developed by formal and informal means.

Two capability frameworks relevant to occupational therapists working in mental health in Australia were published in 2023:

- Occupational Therapy Australia mental health capability framework (Occupational Therapy Australia, 2023; revised edition published in 2025)
- Our workforce, our future: A capability framework for the mental health and wellbeing workforce (Victorian Department of Health, 2023).

The release of these frameworks prompted a desire to create a capability framework specific to FMHS, that complements (but does not replace) them. The Forensic Mental Health Occupational Therapy Capability Framework (the Framework) was developed through the following steps:

1. Expert consultation with occupational therapists in leadership roles at a forensic mental health service to consider the core capabilities. Experts were asked “what are the core capabilities of forensic occupational therapy?”
2. A literature review was conducted using EBSCO, Scopus and Swinburne University library with a combination of search terms relating to forensic settings, mental health, occupational therapy and keys words from the expert consultation phase.
3. A proposed framework was drafted with six capabilities supported by evidence from the literature review.

4. A Nominal Group Technique was used to review the proposed framework, with seventeen occupational therapists (with a mean of 8.64 years of experience working in FMHS) participating.
 5. 45.5 % of participants worked in Victoria (representing four organisations), 18% in NSW, 18% in Western Australia and there was 1 participant from South Australia.
 6. The data collected from the Nominal Group was analysed and the feedback used to refine the framework. The final framework consists of five capabilities, a preamble, background literature and references.
 7. The draft framework was sent for review by those participants who took part in the Nominal Group for their approval and final comments.
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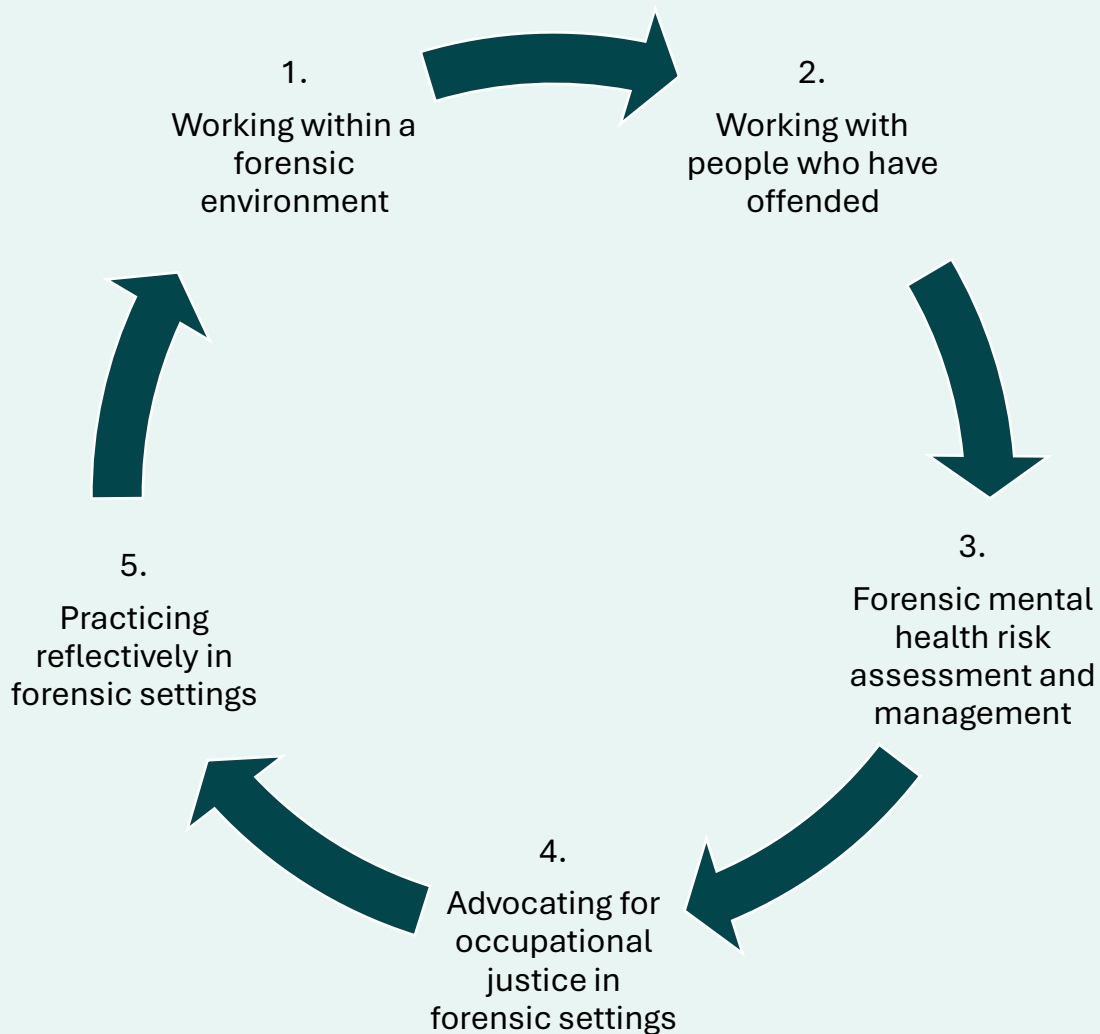
The Framework

The framework comprises five core capabilities for the provision of occupational therapy within a FMHS. This framework was designed to complement existing frameworks for occupational therapy and forensic mental health service provision. Thus, this document does not repeat skills, knowledge, attitudes and expertise relevant for occupational therapists in FMHS that are included within existing frameworks. A list of relevant professional frameworks can be found on page 9 (this is not exhaustive).

The numbering of the capabilities does not reflect a hierarchy of importance. Though presented in a logical sequence and numbered for ease of referencing, the capabilities are of equal importance.

Additionally, there is overlap between the capabilities and multiple capabilities may need to be considered in any given situation; they should be considered together as a whole framework.

Occupational therapists work in a range of forensic mental health settings and roles, and it acknowledged that some capabilities will be less relevant to certain settings.



Core capability 1

WORKING WITHIN FORENSIC SETTINGS

Occupational therapists deliver occupation-centred, person-centred, culturally sensitive, trauma-informed and victim-survivor sensitive practice in forensic settings, supporting consumers to rebuild their occupational identity and live safe, meaningful lives.

- 1.1 Occupational therapists understand how the criminal justice system and legislation shape the services in which they work and their responsibilities to consumers, their families and the community.
- 1.2 Occupational therapists understand and apply models of behavioural change (e.g. Risk – Need - Responsivity and Good Lives Models), alongside models of occupational participation.
- 1.3 Occupational therapists make therapeutic use of security and creatively adapt their practice in response to the security requirements of different forensic environments.
- 1.4 Occupational therapists support consumers towards lower levels of restriction through approaches including the therapeutic use of activity (e.g., grading and adapting tasks and therapeutic risk taking), modifying the environment and sensory modulation.
- 1.5 Occupational therapists articulate their professional reasoning, adjusting their communication to the audience, which may include consumers, clinical staff, custodial staff and other stakeholders.
- 1.6 Occupational therapists participate in the development and dissemination of practice-based evidence.

BACKGROUND

In FMHS there is a requirement to balance the needs of society (including victim-survivors), the responsibilities of the service and the preferences and treatment goals of the individual (Morris & Ward, 2018; Whiteford et al., 2020). In accordance with the Victorian Mental Health & Wellbeing Act 2022.

“Mental health and wellbeing services are to be provided to a person living with a mental illness or psychological distress with the least possible restriction of their rights, dignity and autonomy with the aim of promoting their recovery and full participation in community life.”

Forensic environments have unique challenges. Occupational therapists working in FMHS work with people who are receiving care involuntarily and within settings that may not be therapeutic and/or may witness or experience trauma, which has implications on practice and the skills required to provide care (Craik et al., 2010; Hunter & McKay, 2014; Morris et al., 2016; Whiteford et al., 2020). Occupational therapists may work with consumers for a significantly longer amount of time than in other settings, which may affect the therapeutic relationship.

Consumers in FMHS may also experience significant and complex co-morbid conditions including substance misuse, acquired brain injury, personality disorders and intellectual disability, come from disadvantaged backgrounds and have experiences of trauma which can influence engagement and rapport. Each forensic environment has different levels of security and at each level there will be unique characteristics and challenges impacting on the Occupational Therapist's role (Kennedy, 2002).

Core capability 2

WORKING WITH JUSTICE-INVOLVED CONSUMERS

Occupational therapists understand that occupations that are harmful, immoral or illegal may contribute to a person's occupational identity and need to be considered.

- 2.1 Occupational therapists explore the dark side of occupation and how occupations that may be harmful, immoral or illegal have met a need for the person, shaping their occupational identity.
- 2.2 Occupational therapists support people to find alternate ways to meet their occupational needs safely and meaningfully, and to hold hope for a life without offending.
- 2.3 Occupational therapists adopt a harm minimisation approach and avoid collusion when a person is not ready to change their participation in occupations that are harmful, immoral or illegal.
- 2.4 Occupational therapists support people to rebuild their occupational identity through raising awareness of the consequences of choices, facilitating goal setting, building on skills and strengths, developing meaningful routines and strengthening role participation.
- 2.5 Occupational therapists understand and are sensitive to community bias toward people in the criminal justice system and prepare consumers to address community participation barriers and make informed decisions about disclosing their mental illness and offending history.

BACKGROUND

Occupational therapy is fundamental in reducing the risk of reoffending through developing or nurturing participation in occupations with positive value and consequence (Morris & Ward, 2018). The "dark side of occupation" describes occupation as having aspects which are less acknowledged, less explored and less understood (Twinley, 2012).

Advancing understandings of the whole range of occupations people experience, regardless of their morality, legality or consequence, could contribute to a more holistic and authentic therapeutic experience. Occupational interests, regardless of their nature, can help occupational therapists identify new roles that provide the consumer with meaning and purpose without potential legal, moral and health-compromising consequences (Greber, 2020).

People who are involved with FMHS must contend with multiple layers of stigma. Legal requirements such as police checks and working with children checks can pose barriers to participation in community-based interests, education, volunteering and work.

Core capability 3

FORENSIC MENTAL HEALTH RISK ASSESSMENT AND MANAGEMENT

Occupational therapists understand risk as dynamic and multifactorial and assess risk through consideration of the person, the environment, and the occupation.

- 3.1 Occupational therapists actively seek handover, assess risk through observation of everyday activities, integrate risk information into their planning and adapt interactions in response to dynamic risk factors.
- 3.2 Occupational therapists use occupation-based approaches to reduce levels of risk and the occurrence of incidents, alongside the development and maintenance of therapeutic rapport and boundaries.
- 3.3 Occupational therapists consider, monitor and address risks of long-term institutionalisation.
- 3.4 Occupational therapists contribute a unique perspective to risk assessment and formulation within the interdisciplinary team. With appropriate training they may use specialised forensic risk assessments including structured professional judgement (SPJ) tools.

BACKGROUND

Risk is defined as “the clinical probability of a negative consequence” (Cordingley & Ryan, 2009, p. 532). Risks within FMHS can include violence, harm to self or others, reoffending, and risk to occupational participation and engagement.

There is a risk of experiencing occupational injustices, such as occupational deprivation or occupational imbalance, for people who are involved with FMHS. “Occupational injustice refers to the denial or limitation of occupational opportunity that may result from being deprived of access to meaningful occupations or forced to participate in unchosen occupations” (Christiansen & Haertl, 204, p.111). Long term institutionalisation can result in a lack of meaningful activities, and this can cause lasting physical and psychological harm (Christiansen & Haertl, 2024).

Core Capability 4


ADVOCATING FOR OCCUPATIONAL JUSTICE

- 4.1 Occupational therapists advocate for occupational justice and consumer rights for people in contact with the criminal justice system at an individual, service and population level.
- 4.2 Occupational Therapists understand occupational justice and potential occupational injustices in forensic settings.
- 4.3 Occupational Therapists articulate the professional reasoning that informs their advocacy to clinical staff, custodial staff and other stakeholders, using shared language while drawing on evidence and theory.
- 4.4 Occupational Therapists advocate for individuals to participate equitably in meaningful occupations, through provision of resources, adaptations, assistive tools and supports, and positive risk taking.
- 4.5 Occupational Therapists advocate at a service level to have systems, policies and spaces that support occupational participation and mitigate long term occupational risks.
- 4.6 Occupational Therapists advocate at a population level to counter stigma and develop opportunities for consumers to participate in community life.

BACKGROUND

In a forensic setting, a consumer's ability to choose how, when, where and which occupations they will engage in is restricted by legislative, systemic and environmental structures (Farnworth & Muñoz, 2009; Moodley et al., 2021). There can be a conflict between what is considered best practice and what is achievable within a setting.

Challenges that may impact an occupational therapist's ability to advocate for occupational justice include:

- Physical barriers within the environment
 - Restricted access to tools and resources to facilitate occupation
 - Systemic restrictions and procedures
 - The absence of a natural environment
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Core Capability 5

PRACTICING REFLECTIVELY IN FORENSIC SETTINGS

Occupational Therapists reflect on how their own values, attitudes and responses influence their work in forensic settings.

- 5.1 Occupational Therapists work holistically with consumers, recognising that mental illness and criminal history form only part of a consumer's story.
- 5.2 Occupational Therapists maintain neutral regard and work empathically and collaboratively with consumers whose histories may conflict with their own values.
- 5.3 Occupational therapists consciously develop therapeutic alliances, manage boundaries, avoid collusion, and sensitively conclude therapeutic relationships.
- 5.4 Occupational therapists recognise the limits of their own scope of practice and resilience, providing referral or consultation when a therapeutic alliance cannot be safely formed.
- 5.5 Occupational therapists participate in reflective practice to manage value conflicts and personal responses to challenging behaviours, trauma and vicarious trauma. This may include receiving or delivering group or individual supervision.
- 5.6 Occupational therapists recognise the challenges of working in forensic settings and proactively engage in self-care.

BACKGROUND

Within FMHS, occupational therapists are likely to work with consumers who have engaged in behaviours and activities that conflict with their personal values and beliefs (Cordingley & Ryan, 2009). They may also be exposed to violence, vicarious trauma and emotional fatigue.

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Professional Frameworks

Occupational Therapy Australia Mental Health Capability Framework

<https://otaus.com.au/practice-support/areas-of-practice/mental-health/capabilityframework#table>

Our Workforce, Our Future: A Capability Framework for the Mental Health and Wellbeing Workforce <https://www.health.vic.gov.au/our-workforce-our-future/capabilities>

Australian Occupational Therapy Competency Standards

<https://www.occupationaltherapyboard.gov.au/Codes-Guidelines/Competencies.aspx>

