

Position Description

Position Title	Occupational Therapist/Case Manager
Service Group	Adult Community Mental Health & Addictions Service
Team	Adult Community Mental Health Sector Team
Reports to	Clinical Co-ordinator (ACMH)
Direct Reports	Team Leader
Authority Level	N/A
Issue Date	September 2018
Approved By	

The Bay of Plenty District Health Board

The District Health Board's fundamental purpose is to work within the resources allocated to it, to improve, promote and protect the health of the whole population within its district, and to promote the independence of people with disabilities.

Vision: Healthy, thriving communities.

Mission: Enabling communities to achieve

Our Values: Compassion, All-one-team, Responsive, Excellence



The Bay of Plenty District Health Board (BOPDHB) is committed to the Treaty of Waitangi principles of Partnership, Participation and Protection, and to meaningful engagement in decision-making with Tangata Whenua at strategic, operational and service levels.

Delivering this commitment is through: the implementation of our He Pou Oranga Tangata Whenua Determinants of Health framework: respect for and promotion of our Kawa and Tikanga Māori; ensuring cultural safety; seeking to eliminate disparities in health between Māori and Non Māori.

All staff have a part to play in this commitment.

Primary Purpose

The Occupational Therapist/Case Manager is employed to provide safe, effective client centred intervention using professional knowledge and skills in accordance with the Bay of Plenty District Health Board (BOPDHB) policies and protocols.



Occupational Therapy practice in adult community mental health will integrate timely assessment and management of new referrals into the sector and new referrals and time limited therapeutic interventions with a recovery focus. The case management role includes but is not limited to:

- Clinical responsibility for a designated caseload
- Comprehensive assessment and risk assessment
- Collaborative treatment planning and management of risk
- Response to crisis
- The provision of therapeutic interventions with a focus on recovery
- Facilitation of transfer of care to the primary sector when treatment goals are met.
- Case management of clients with a dual intellectual disability and mental health issue.

Key Responsibilities	Outcomes
<p>1. Cultural Safety</p>	<ul style="list-style-type: none"> • Care is individually focused and planned in regard to ethnic, cultural, religious and other needs • Demonstrates a commitment to and active understanding of the Treaty of Waitangi and its application within Mental Health to improve Maori health status • Demonstrates awareness of the impact of own cultural background, attitudes and values • Demonstrates awareness of the impact of own cultural background, attitudes and values • Demonstrates the cultural and spiritual needs of service users are met with sensitivity including those of family/whanau and significant others. • Demonstrates that consultation occurs with Maori Service providers in relation to care for service users as appropriate • Attends relevant Treaty of Waitangi/Bicultural training as arranged via BOPDHB



Key Responsibilities	Outcomes
<p>2. Professional Responsibility</p>	<ul style="list-style-type: none"> • Adheres to professional standards of practice and acknowledges that competent practice is influenced and reinforced through membership of appropriate professional bodies • Is aware of legislation that impacts on mental health care delivery and service user rights and practices within legal boundaries. This includes but is not limited to the Mental Health (Compulsory Assessment and Treatment) Act 1992; the Privacy Act 1993 (Health Information Privacy Code 1994); Protection of Personal and Property Rights Act 1988, and the Health and Disability (Safety) Act, 2001; Health and Safety at Work Act, 2015 • Considers ethical issues in treatment planning and contributes an ethical perspective to decision-making • Demonstrates knowledge of, and accesses policies and procedural guidelines that have implications for clinical care • Has a clear understanding of the principles of delegation and accountability and seeks advice and support appropriately. • Demonstrates accountability for directing, monitoring and evaluating service that is provided by occupational therapy students and others • Actively engages in and effectively utilises clinical supervision and offers/provides this to clinical staff within the Mental Health Service as appropriate and as per the Mental Health Service Clinical Supervision Policy. • Maintains an up-to-date knowledge of care/treatment/research in the area of mental health and occupational therapy and ensures that practice is evidence-based • Completes and maintains MH&AS Core competencies via the in-service programme. • Maintains BOPDHB and Mental Health Service mandatory certifications and additional clinical skills relevant to area



Key Responsibilities	Outcomes
<p>3. Clinical Practice</p>	<ul style="list-style-type: none"> • Utilises the clinical process to assess, plan, implement and evaluate care and maintains professional practice standards in assessing, planning, implementing and evaluating ongoing care for all service-users, actively engaging with and providing support, education and assistance to families/whanau and care-givers. • Demonstrates the ability to manage the environment by assessing risk factors, identifying and implementing strategies to maintain own safety and the safety of service-users and others • Demonstrates a flexible approach and ability to cope with changing situations. • Undertakes a timely comprehensive and accurate occupational therapy assessment using suitable assessment tools to inform goals for intervention and or provisional diagnostic formulation • Engages in robust ongoing assessment and management of risk • Develops individual treatment plans in collaboration with service-users and their families/whanau that reflects the issues identified at assessment • Incorporates discharge planning as part of the overall care strategy, including relapse planning and/or advance directives, and/or appropriate referrals to internal/external agencies • Makes clinical judgements based on current evidence-based knowledge, research and reflective practice. • Demonstrates competence in implementing therapeutic strategies eg. Cognitive Behavioural Therapy and Occupational Therapy models of practice • Plans and prioritises workload. • Presents health information and education to service-users and families/whanau in a sensitive manner that is readily understood



Key Responsibilities	Outcomes
<p>4. Interpersonal Relationships</p>	<ul style="list-style-type: none"> • The principles and practice of partnership are incorporated in all facets of assessment, intervention, treatment and care. Establishes, maintains and concludes therapeutic interpersonal relationships with service-users and their families, and demonstrates effective communication with colleagues. • Incorporates authentic therapeutic use of self and interpersonal and micro-counselling skills • Supports the personal autonomy and resourcefulness of service-users and their families and encourages their participation as partners in care • Works and communicates effectively as a member of the multi-disciplinary team, demonstrating individual responsibility and accountability. • Demonstrates an ability to manage conflict constructively
<p>5. Inter-professional Health Care and Quality Improvement</p>	<ul style="list-style-type: none"> • Collaborates with the multi-disciplinary team, and the wider community, to facilitate care delivery and demonstrates a commitment to the principle of continuous improvement at a service and personal level. • Demonstrates ability to present referrals and crisis/acute cases for discussion at the daily MDT meeting concisely, with attention to all relevant information, and participates in decision-making. • Establishes and maintains networking relationships with GPs, relevant government and community agencies, and provides consultation as necessary • Contributes to service development and involves target group[s] in the planning, provision and monitoring of services • Demonstrates continuous commitment to quality improvement initiatives • Provides guidance and support to students, new graduates and Occupational Therapists new to the clinical area



Key Relationships	
Internal	External
<ul style="list-style-type: none"> • Clinical Director/DAMHS • Business Leader MH&AS • Nurse Leader and Allied Health Leader, MH&AS • Regional Maori Services • Consumer Advisor and Family/Whanau Advisor • Mental Health & Addiction Services staff 	<ul style="list-style-type: none"> • NGO's and other agencies • GP's and Primary Health Organisations • Service Users and their families/carers

Person Specification		
	Essential	Desirable
Qualifications	<ul style="list-style-type: none"> • Current Registration and Annual Practising Certificate with OT Board of NZ 	<ul style="list-style-type: none"> • Postgraduate qualification with a mental health focus
Experience	<ul style="list-style-type: none"> • Demonstrate sound knowledge and understanding of mental illness and risk assessment in relation to community mental health care • Cultural awareness and safe practice • Clinical skills in engagement, de-escalation, conflict resolution and problem solving • A current clean motor vehicle driver's license • Knowledge of relevant legislation including Mental Health (Compulsory Assessment and Treatment) Act 1992, Privacy Act 1993, Health & Disability Act, Health Practitioners Competency Assurance Act and the NZ Health Strategy (Te Tahahu; Te Kokiri). 	<ul style="list-style-type: none"> • A minimum of 2 years clinical experience in a mental health inpatient or community setting • Competence in comprehensive assessment, risk assessment the use of the mental status examination and problem formulation • Experience of working within teams • Experience of working with clients with dual intellectual disability and mental health issues.
Attributes	<ul style="list-style-type: none"> • Demonstrates a commitment to quality • Demonstrates flexibility and adaptability • Ability to discuss and negotiate management plans with clinicians • Excellent communication skills and interpersonal skills. • Able to prioritise work requirements . 	<ul style="list-style-type: none"> • Computer literate • Demonstrates excellence in micro-counselling skills • Able to develop role in response to client needs • Demonstrates a commitment to post-registration study and professional development



Values	<ul style="list-style-type: none"> • Demonstrates behaviours consistent with the BOPDHB values 	
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You agree to demonstrate flexibility and a willingness to perform a variety of tasks to promote and support BOPDHB initiatives.

You are required to meet the Health and Safety at Work Act 2015 requirements as set out in the BOPDHB Health and Safety policies and protocols. This includes completing successfully any health and safety training provided by the BOPDHB.

You are required to maintain a standard of health which will allow for the performance of all duties and functions of the position. All BOPDHB sites are smokefree environments.

Philosophy and Strategic Guidance

The service embraces an eclectic approach which includes the Recovery, Strengths Based and Crisis Resolution approaches as well as the Choice and Partnership Approach which is service user and family/whanau centred. It is expected that the incumbent will be guided by the service philosophy, relevant legislation, national strategic service directives, policies, protocols and annual business plans. This position description includes the seven Real Skills as identified by the Let's get Real framework.

Health Practitioners Competence Assurance Act 2003

1. You are required to maintain your current competency based practicing certificate.
2. You must notify your Manager of any changes to scope or conditions on practice (determined by Regulatory Authority).
3. You must complete the requirements of any competency programme.
4. You must notify your employer of concerns relating to the risk of harm to the public of another health practitioner practicing below the required standard of competence.
5. Know the provisions of the HPCAA as the governing legislation.

Vulnerable Children Act 2014

Due to this position having contact with children and the BOPDHB's commitment to child protection, you will be subject to 'safety checks' under the Vulnerable Children Act at the time of hire and thereafter as per the relevant legislation.

Position Holders Declaration

I certify that I have read, understand, and agree to this position description.

Name:

Signature:

Date:





**Attitudes and behaviours
We want to see**

**Outcome
Everyone we come into
contact with will feel...**

**Attitudes and behaviours
We don't want to see**

C Compassion

Cares about other people. Has empathy and understanding. Is calm and reassuring. Protects people's dignity.

Treats everyone with respect regardless of their views, role or background. Value differences. Culturally competent.

Notices, acknowledges and appreciates people's efforts and achievements, gives praise, making people feel valued.

Cared for and respected

**Treated with respect
and cultural sensitivity**

Valued and engaged

Is rude, bullies, intimidates or humiliates. Creates anxiety. Doesn't act if someone's dignity is suffering.

Disrespectful, judgmental, makes assumptions about people. Gossips or talks behind people's backs. Rough behaviour.

Criticises people's efforts, takes people for granted, makes people feel undervalued, belittled or inadequate.

A All-one-team

Shares knowledge and information openly and honestly, clearly explains and updates people on what's happening.

Takes time to listen to others, is interested in their views. Invites people to ask questions and share concerns or ideas.

Involves patients, whānau and colleagues as equal partners. Builds teams and relationships to achieve the best outcomes.

Clear about what's happening

Listened to

Involved in a partnership model

Withholds knowledge and information, leaves people confused or in the dark.

Doesn't listen, talks over people, dismisses or puts people down, makes decisions without consultation.

Doesn't trust or involve people in things that affect them. Excludes, overrides, micro manages.

R Responsive

Friendly, polite, approachable, warm. Introduces themselves. Creates a happy environment. Smiles when appropriate.

Shows kindness. Is attentive to people's needs, supportive, helpful and willing. Often goes the extra mile for people.

Respects people's time. Plans ahead and co-operates so things run smoothly. Looks for efficient ways of doing things.

Positively welcomed

**Supported, so they would want
to be cared for or work here**

**We are flexible and efficient,
and use resources wisely**

Ignores people, snappy or aggressive tone of voice or behaviours, 'rushing' and saying "I'm too busy".

Passes the buck, says "it's not my job", unsupportive, does not take responsibility and leaves work for others.

Often late. Leaves people waiting unnecessarily or puts people under pressure with unrealistic timeframes.

E Excellence

Chooses to take a positive, will-do attitude. Looks for solutions. Uses positive words and actions to good effect.

Aims for the best results, always learning, developing skills, knowledge, and ways of doing things, and helping others to.

Consistently follows agreed, safe, best-practice.

Seeks, welcomes and gives constructive feedback, speaks up when they have a concern, coaches others' behaviour.

**Part of a positive culture
of high achievement**

Things are always improving

Safe

**We are role models who
are open to feedback**

A negative attitude, often moaning, complaining or grumpy. Focuses on problems.

Assumes they know best, resists change, not interested in learning or developing. Happy with 'good enough'.

Inconsistent, cuts corners, closed to new evidence.

Blames. Closed to feedback. By not speaking up about poor behaviour or unsafe practice they condone it.

