

**Client Fitness to Drive: Policy Development and Education for Mental Health Professionals**

Julie Rowse<sup>1,2</sup>, Linsey Howie<sup>1</sup>, Robin Lovell<sup>1</sup>

<sup>1</sup>*LaTrobe University, Bundoora, Victoria, Australia*, <sup>2</sup>*Ballarat Health Services - Psychiatric Services, Ballarat, Victoria, Australia*

Driving is an integral part of many peoples' lives and mental illness and subsequent treatment can affect a person's ability to drive (Cremona, 1986). There is little published research in this area. This study aimed to investigate the need for education and policy development for mental health clinicians and raise awareness of this lack. Using questionnaires, focus groups and files audits this study explored mental health professionals' knowledge and practice regarding client fitness to drive in two area mental health services. Baseline and follow-up measures were taken to determine the benefits of staff education and the need for policy development about client fitness to drive. At baseline 166 consumers, 41 case managers and 16 medical staff participated in questionnaires. At follow-up 194 consumers, 24 case managers and 7 medical staff completed questionnaires. Fisher's Exact Test showed statistically significantly more mental health professionals were aware of guidelines about fitness to drive at follow-up. Four focus groups of five to six participants each confirmed mental health professionals at follow-up were more generally aware of driving issues, had more formal knowledge of client fitness to drive and could discuss strategies to implement this knowledge in clinical practice. Focus groups identified that knowledge and practice of driving risks were not part of routine care. A stratified random sample of 95 medical files at baseline and 88 files at follow-up were audited, 27 % of files pre and post had no entries related to client mode of transport or driving suggesting that increased knowledge and practice was not being routinely documented. The numbers of files identifying driving risk also remained constant at 25% however there were statistically significantly more files that documented risk management strategies at follow-up. This study demonstrated the need for education and policy development for mental health professionals regarding client fitness to drive and the need to include protocols for documentation to ensure routine implementation. Occupational therapists play an integral role in maximising independence and safety in activities of daily living including driving. This paper argues that this should extend to educating mental health professionals about fitness to drive to improve outcomes for clients.