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Perceptions of Occupational Therapy Involvement in School Mental Health: A Pilot Study

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Abstract

Background: Mental health providers outside of occupational therapy, including those who work in school systems practice, often do not fully understand the contribution that occupational therapy practitioners can make to the delivery of mental health services.

Method: The purpose of this mixed methods pilot study is to describe how instructional support staff from one special education cooperative learned about occupational therapy's role in school mental health and to explain how this education changed the instructional support staff members' perceptions regarding the involvement of occupational therapy practitioners in school-based mental health services.

Results: Instructional support staff's perceptions about occupational therapy changed as a result of the training.

Discussion: Occupational therapy practitioners can be viewed as valuable members of the school mental health team if other practitioners are educated about their scope of practice.

Keywords

occupational therapy, school mental health, collaboration

Cover Page Footnote

Credentials Display and Country

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An adequate mental health workforce is foundational to the delivery of effective mental health services. The lack of qualified mental health providers continues to be a problem worldwide (Bruckner et al., 2011; Kakuma et al., 2011) and is only projected to worsen. Occupational therapy practitioners have been recognized as mental health personnel and, like other professionals, including psychiatrists, neurologists, psychiatric nurses, psychologists, and mental health social workers, are in great need (Bruckner et al., 2011; Kakuma et al., 2011). While classifying occupational therapy practitioners as mental health personnel suggests recognition of the profession's distinct value in mental health, Kakuma and colleagues (2011) found that occupational therapists are disproportionately absent from mental health environments.

The absence of occupational therapists from what are typically considered traditional mental health environments (e.g., inpatient psychiatry and a partial hospitalization program) has been attributed to changes in policies and funding mechanisms (Gutman, 2011). However, a lack of understanding by key decision makers about the "relevancy of occupational therapy services" (Gutman, 2011, p. 236) has also been cited as a primary barrier to the profession of occupational therapy in regaining a prominent position in the mental health arena. When occupational therapy practitioners are absent from mental health settings, it is easy for other providers to forget their contributions to the team; further, it may be difficult for occupational therapy practitioners to reinsert themselves into these contexts (Gutman, 2011). Stoffel (Waite, 2012) has suggested school systems practice, a context in which occupational therapy practitioners regularly work and in great numbers, as an ideal backdrop for occupational therapy practitioners who wish to reemerge as mental health providers.

The need for preventative and responsive school-based mental health services is growing at an alarming rate (Rossen & Cowan, 2015; Weist et al., 2012). According to the National Alliance on Mental Illness (2011), 13% of children and youth between 8 and 15 years of age experience a mental illness that is severe enough to interfere with their participation at school and in everyday life; this percentage increases to 21% when youth between 13 and 18 years of age are taken into consideration. Moreover, it is estimated that 10 million students in the United States, from kindergarten entrance through high school graduation, would benefit from professional mental health assistance (National Center for Education Statistics, n.d.).

Literature Review

Despite the increasing need for school-based mental health services, many school districts are forced to sideline their students' mental health needs in order to meet high academic accountability standards (Weist et al., 2012). When mental health services are prioritized, traditionally used school-based mental health providers, such as psychologists, social workers, and counselors, often encounter high caseloads and struggle to adequately meet the needs of their student populations (Weist et al., 2012). The literature suggests that one factor contributing to high caseloads for traditional mental health providers is related to the shortage of school personnel who are highly qualified to address students' mental health needs (Sopko, 2006).

According to the Center for School Mental Health (Cunningham, Grimm, Brandt, Lever, & Stephan, 2012), "there is a need for a highly trained workforce with knowledge and skills related to evidence-based practices and programs and effective work with children and their families" (p. 6).

Occupational therapy practitioners are highly qualified professionals who can help school districts provide preventative and responsive services to support students with myriad needs (Cahill & Lopez-Reyna, 2013). Occupational therapy practitioners have a rich history of working in mental health practice (Bazyk, 2007; Patterson, 2008) and, more recently, occupational therapy practitioners have begun to gain a foothold in school-based mental health services (Bazyk et al., 2015). Through partnerships with other providers, occupational therapy practitioners can collaborate to integrate services that are provided in students' natural learning environments and aligned with best practice guidelines (Swinth & Hanft, 2002). Such collaboration is viewed as an essential component of cohesive interprofessional, school-based mental health service delivery (Weist et al., 2012). However, occupational therapy practitioners are often not identified by other personnel as key collaborators to address students' mental health needs (Rossen & Cowan, 2015).

Methods

Research Design

A single group pre/post mixed methods design was used to capture the perceptions of the instructional support staff (IST) regarding the involvement of occupational therapy practitioners in

school-based mental health services. This pilot study was conducted in collaboration with a special education cooperative in the Midwest and approved by the authors' Institutional Review Board (IRB #2548).

Participants

Three out of nine IST members were recruited from one special education cooperative in a metropolitan area and provided consent for their participation in this study. The IST members from this cooperative serve as leaders to member districts in their implementation of multitiered systems of academic support (i.e., response to intervention) and positive behavior intervention and supports at the elementary and middle school levels. Such systems of support are data-driven, comprehensive frameworks that allow school teams to systematically address students' needs with regard to problem prevention, identification, and intervention. In addition, the nine IST members bring professional expertise from several fields, including educational psychology, social work, school psychology, and related services. The three IST members who participated in this pilot study had backgrounds in social work (n = 1) and school psychology (n = 2).

Intervention

This pilot study used a modified version of the capacity building process developed by Bazyk and colleagues (2015) and included one face-to-face introduction session and five on-line discussions. During the introduction session, the IST members and the occupational therapy practitioners were introduced to the website EveryMomentCounts.org, oriented to CourseSites, and provided with an

overview of the timelines for completing the discussion questions. CourseSites (www.coursesites.com), a free learning management system provided by Blackboard, served as the platform for the discussions. The on-line discussions were based on the book *Mental Health Promotion, Prevention, and Intervention with Children and Youth: A Guiding Framework for Occupational Therapy* by Bazyk (2011) and structured in a way that required the professionals to share their reflections on CourseSites by answering two to three discussion questions based on their reading of two or three chapters at a time.

While the original focus described by Bazyk and colleagues (2015) was to build the capacity of the occupational therapy practitioners with regard to school-based mental health service delivery, the intention of this pilot investigation was to educate the IST members on how occupational therapy practitioners might be involved in providing such services. Occupational therapy practitioners were included in the online discussions because the investigators believed that they may share relevant case examples and stories that might foster the IST members' deeper understanding of the actual, as well as potential, involvement of occupational therapy in school-based mental health services. To this end, the IST members and the occupational therapy practitioners attended the same introduction session and participated in the online discussions on the same CourseSites platform.

Data Collection

Both quantitative and qualitative data were collected to better understand the IST members' perceptions regarding the involvement of

occupational therapy practitioners in school-based mental health services. A 20-question survey originally developed by Bazyk (see Bazyk et al., 2015) was modified and administered pre and post the capacity building process to the IST members. The original survey was designed to focus on respondents' perceptions related to (a) their knowledge about the role of occupational therapy practitioners in school-based mental health services; (b) their beliefs in the role occupational therapy practitioners can and should play in the provision of school-based mental health services; and (c) their views on skills they may have gained, or the actions they could take, as a result of the capacity building process (Bazyk et al., 2015). The investigators analyzed the initial 20-question survey and found that 12 of the initial survey questions pertained specifically to capturing occupational therapy practitioners' perceptions about their capacity (i.e., knowledge, ability, or skill) to provide mental health services. Eight of the initial questions were found to be more general and addressed knowledge related to what occupational therapy practitioners might do to provide mental health services, beliefs about whether occupational therapy practitioners were appropriate to provide such services, and the ability to explain how occupational therapy practitioners could address students' mental health needs.

The IST members in this study were asked to answer the eight more general questions (see Table 1) and rate their responses to each of the statements using a 5-point Likert scale with higher scores reflecting greater agreement (i.e., 5 = *strongly agree*, 4 = *agree*, 3 = *undecided*, 2 =

disagree, 1 = *strongly disagree*). The eight Likert items were then organized into three scales (i.e., knowledge, beliefs, and ability/skill) so that they could be treated as interval data as presented in Bazyk et al. (2015).

Table 1

Pre/Post Survey Items

Item	Factor (Knowledge, belief, or ability/skill)
I can give examples of universal (Tier 1) OT services that address mental health.	Knowledge
I can give examples of targeted (Tier 2) OT services that address students at risk of mental health challenges.	Knowledge
I can describe intensive individualized (Tier 3) OT services for children/youth with identified mental health challenges.	Knowledge
I am aware of how OTs can help prevent psychosis in students experiencing prodromal symptoms.	Knowledge
OTs do not have the knowledge and skills to address the mental health needs of students in schools/clinics.	Belief
School/clinic personnel and parents are aware of how OTs promote students' mental health and intervene when students' experience mental health challenges.	Belief
Addressing mental health promotion, prevention and intensive interventions in schools/clinics is beyond OT's scope of practice.	Belief
I am able to articulate the role of OT in addressing the mental health needs of students with and without disabilities.	Ability/skill

Qualitative data was collected through two methods. First, the IST members' responses to the discussion sections were extracted from the online discussions that took place on CourseSites. Second, the IST members participated in a 45-min long semi-structured focus group with the occupational therapy practitioners at the end of the capacity building process. The focus group was transcribed

verbatim. The investigators felt that, due to the interprofessional nature of the intervention, there would be a benefit to hear how the IST members responded to statements made by the occupational therapy practitioners. Responses provided by the IST members were separated from those provided by the occupational therapy practitioners for analysis.

Data Analysis

The pre/post survey scores were entered into IBM SPSS Statistics Version 19.0 (IBM Corporation, Armonk, NY) and *t*-tests were performed, as *t*-tests have been found to be appropriate for use with small sample sizes (n = <5) (de Winter, 2013; Field, 2013). Qualitative data was analyzed using a basic interpretative qualitative design (Merriam, 2002, 2009), as the investigators were interested in constructing an understanding of what IST professionals believe about occupational therapy practitioners and their involvement in school-based mental health services. Data was triangulated (Patton, 2002) using both the IST members' discussion board responses and their responses in the focus group.

The two investigators used the analysis procedures outlined by Merriam (2009). First, the investigators independently reviewed the discussion board and focus group responses to identify segments in the data that were related to the research focus. The segments were then compared to establish commonalities and differences and combined into categories. The data were coded based on these categories. The categories were then refined and named based on discussions between the two investigators. Then, data segments were

reexamined and reassigned to different categories as appropriate.

Results

Three IST members participated in this pilot investigation. Three pretest surveys and three posttest surveys were analyzed in addition to one focus group transcript and 11 online discussion posts.

The matched-pairs *t*-tests (n = 3) revealed a significant difference in scores on the pretest (M = 11.00, *SD* = 1.0) and posttest (M = 18.00, *SD* = 1.0) for the knowledge-related survey items, *t* (2) = -7.000, *p* < .05. The results for the belief-related survey items were not significant at the level of *p* ≤ .05. The scores on the pretest (M = 1.66, *SD* = .57) and the posttest (M = 3.33, *SD* = 1.15) for the ability/skill-related item was found to be significant, *t* (2) = - .23245, *p* < .05.

Two themes emerged from the qualitative data: (a) Occupational therapists could do more and (b) occupation-based groups could help our students.

Occupational Therapists Could Do More

The IST members shared that learning about occupational therapy's roots in mental health helped them to gain a new understanding regarding occupational therapy practitioners' scope of practice. For example, one IST member stated:

> I think that more [school personnel] need to realize that [occupational therapy practitioners] have more of a background in mental health than they are aware of. [If people knew about this background], they would definitely be wanting to collaborate. I have a social work background, and if I

would have known that about the OTs that I worked with [previously], maybe we could have done more groups together versus just [asking for help] with some real specific things that people usually go to an occupational therapist for, like something fine motor related or sensory activities. Maybe [together] we could think more deeply on some of those mental health issues…prevention…or, trying to help all students in a universal way. I think that an awareness [about what occupational therapy practitioners can do] has to get out there. Somehow we have to be able to tell staff who may not be versed in everyone's background and training that when we are talking about social emotional learning, OT needs to be a part of that.

The IST members shared specific examples of how occupational therapy practitioners could "do more" with regard to school-based mental health services. One IST member explained:

> I think that [occupational therapy practitioners] could be key for any transition process of youths that are at risk for mental health disorders or deficits or [have problems with] adaptive skills. OTs can definitely be part of the collaborative teaming process and [work with] community agencies to develop transition goals and share ideas to improve services for transitioning youth.

Another IST member stated:

> I like the idea of how the school-based OT can bridge the gaps between the outside

agencies and services and the home and school settings. In reading about the role of how OTs can provide strategies to address limitation of occupational performance [caused by mental health issues], I see my role as partnering with the OT and supporting [their work] within the classroom setting.

On another occasion, an IST member said:

Many occupational therapists are called in for [student] support as it relates to written communication and sensory processing. Both of these issues do impact students with [social emotional] disabilities. Sometimes school personnel address the students' social relationships more with counseling and social work instead of utilizing occupational therapists to support the students' social functioning. Perhaps these direct service providers should attempt to team up and co-facilitate groups.

Finally, another IST member discussed the role of the occupational therapy practitioner when conducting functional analyses of behavior (FBAs):

I am often conducting FBAs or supporting teams in the FBA process. I feel that collaboration among the various professionals is something always needs to be strived for during that process. I often collaborate with OTs for their expert opinion when I am conducting my FBAs [to develop] strategies and offer interventions [to teams] through discussion, coaching, and modeling.

Occupation-Based Groups Could Help Our Students

Two IST members initiated the term "occupation-based groups" during this pilot investigation. In addition, the other IST member discussed an example of an occupation-based group that occupational therapy practitioners have provided to students with or at risk for mental health concerns. One IST member said:

I feel that the idea of embedding occupation-based groups in a therapeutic day school is a great idea. We have an alternative school in our cooperative, so I feel groups of this nature would be really beneficial to support this student population. These students would benefit from a multi-disciplinary approach to their service plan due to their high needs.

Another IST member said:

It makes sense to me that children who have [interests] move in the direction of positive development. I have a variety of students [on my caseload] including those with very limited outside interests. It was interesting to read about occupation-based groups since I wasn't familiar with the practice of these interventions. I'm open to the idea of collaborating and/or running groups. More is needed in facilitating [the positive development] of students who have limited access to opportunities [outside of the traditional school day].

The IST members also discussed the positive benefits of occupation-based groups designed around students' interests. One IST member said:

I have worked with many students over the years who have struggled with participation. Many of the students were not consistently involved in structured activities resulting in limited connections to their communities, social exclusion, and feeling as though they have little to no personal strengths. However, I remember one specific student who got connected to theater group. His confidence increase and he was more comfortable to engage in activities outside of school. He strengthened his social skills and started to strive for success in other areas of his life. He was most definitely on a positive path for development. I think it would benefit students and schools for OTs to use all of their tools in group settings where more students would be impacted [by their expertise].

Discussion

Psychologists, social workers, and counselors have long been considered the primary providers for school-based mental health services (Weist et al., 2012). The demand for school-based mental health providers is rapidly rising as the need for such services increases (Rossen & Cowan, 2015; Sopko, 2006; Weist et al., 2012). Occupational therapy practitioners have historically provided mental health services in other settings (Bazyk, 2007; Patterson, 2008) and are equipped to collaborate with other school professionals to provide preventative and responsive services to support students' mental health needs (Bazyk et al., 2015; Cahill & Lopez-Reyna, 2013). However, there are few accounts in the literature that describe the perspectives of traditional school-based mental health providers (i.e., psychologists and social workers) in relation to occupational therapy practitioners' involvement in this arena. The findings from this pilot study provide an account of three IST members who participated in a capacity building process with occupational therapy practitioners from one cooperative. As the demand for school-based mental health services grows, the knowledge of the contributions that occupational therapy practitioners make to the provision of such services is crucial for other school personnel to understand. An increased understanding of how occupational therapy practitioners can support the mental health needs of children and youth at school may lead to a better integration of services. The purpose of this pilot study was to describe how occupational therapy practitioners from one school district collaborated with IST members to undergo a capacity building process developed by Bazyk et al. (2015) and to explain how this initiative changed the IST members' perceptions regarding the involvement of occupational therapy practitioners in school-based mental health services.

Limited knowledge by school personnel about the scope of occupational therapy has been previously cited as a barrier to full participation in school systems practice (Cahill & Lopez-Reyna, 2013). Moreover, the literature suggests that traditional mental health team members often have a limited view of the role that occupational therapy has in mental health and that team members often frame their understanding of the scope of occupational therapy based on their past personal experiences with individual occupational therapy

practitioners (Henderson, Batten, & Richmond, 2015). This lack of understanding could be a contributing factor to the loss of mental health occupational therapy positions (Gutman, 2011). The American Occupational Therapy Association's 2015 Workforce Survey indicates that only 2.4% of occupational therapists and 1.4% of occupational therapy assistants currently work in mental health settings.

The IST members that participated in this pilot investigation demonstrated, based on the analysis of quantitative and qualitative data, how learning about occupational therapy's historical roots in mental health and their scope of practice through the capacity building process helped them to view occupational therapy practitioners as potential collaborators for the delivery of school-based mental health services. It is possible that increased education of team members, like the ones in this pilot study, could lead to the expansion of children's occupational therapy mental health services, at least in the school systems. This expansion has the potential to help occupational therapy practitioners in the schools, as well as in other settings, move away from underground mental health practice (i.e., providing mental health services without documenting them or being recognized by other team members as a full-fledged provider) (Cahill & Lopez-Reyna, 2013). Until team members from other professions have an accurate understanding of the scope of occupational therapy practice, the profession runs the risk of being sidelined (Gutman, 2011) and, more significantly, many children run the risk of not

being able to receive proactive and responsive mental health occupational therapy services.

Defining the role of occupational therapy practitioners in school mental health and educating other team members about the value of occupational therapy are only the first steps in establishing the foothold for occupational therapy in school-based mental health services. Being viewed as mental health providers may mean that school-based occupational therapy practitioners take on "generic tasks" (Henderson, Batten, & Richmond, 2015, p. 162) that would be expected of all mental health team members, such as keeping in regular communication with family members. While taking on such tasks is an important component of being accepted by the team (Henderson, Batten, & Richmond, 2015), occupational therapy practitioners must remember to focus on the distinct contributions that they can make to the school-based mental health team.

The IST members in this study mentioned "occupational performance" and identified the inclusion of occupation-based groups as a supportive and necessary component to school-based mental health services. In fact, their use of these terms suggests an understanding of occupational therapy's distinct value by practitioners outside of the profession and, perhaps, suggests that direct training about the scope of occupational therapy practice will help the profession make gains in its vision to become more widely recognized by school personnel. This finding further suggests that occupational therapy practitioners who wish to provide school-based mental health services embrace what Gillen referred

to in his 2013 Eleanor Clarke Slagle Lecture as "our normalcy" (p. 642). According to Kielhofner (2004), one of the key tenets of the historical approach to providing occupational therapy intervention to individuals with mental health conditions is the notion that "participation in the various tasks and events of everyday life could restore persons to more healthy and satisfying function" (p. 30). School-based occupational therapy practitioners who use occupation-based groups with children with and at risk for mental health conditions have the potential to add a unique component to their school-based services. Moreover, such groups may, in fact, promote positive mental health development (Olson, 2011).

Limitations

Limitations of this study include a small sample size and that saturation was not reached. These limitations were due to the exploratory nature of this investigation, as well as the constraints provided by the cooperative with regard to the number of IST members that would be released from other work duties to participate in the capacity building process. Therefore, caution should be applied when attempting to generalize these findings to other school districts or cooperatives.

Conclusion

This study sought to investigate the perceptions of IST members regarding the role of occupational therapy practitioners in providing school-based mental health services in one special education cooperative (i.e., a group of local school districts that share the costs and resources associated with the provision of special education and related services). The IST members gained a deeper and more complete understanding of the contributions that occupational therapy practitioners could make in school-based mental health services due to the education that they received as part of a capacity building process.

More research is needed to fully understand the services that occupational therapy practitioners could provide in the schools to address children and youth's mental health needs. In addition, more research is needed establish the efficacy of these services from the child, family, and teacher's perspectives.

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