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A Dialogue Regarding the Current Status of Mental Health and Occupational Therapy Practice in the United States

Bryan M. Gee
Rocky Mountain University of Health Professions – USA, bryan.gee@rm.edu

Sonia Zimmerman
University of North Dakota – USA, Sonia.Zimmerman@ndus.edu

Janice Hinds
Colorado Department of Human Services – USA, janice.hinds@state.co.us

Halley Read
Pacific University – USA, read6461@pacificu.edu

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A Dialogue Regarding the Current Status of Mental Health and Occupational Therapy Practice in the United States

Comments

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

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Credentials Display

Bryan M. Gee, Ph.D., OTD, OTR/L, BCP, CLA; Sonia Zimmerman, Ph.D., OTR/L, FAOTA; Janice D. Hinds, MS, OTR/L, BCMH; Halley Read, MOT, OTR/L

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Introduction

The profession of occupational therapy (OT) traces its history and origins to work in long-term psychiatric settings. Early therapists started the tradition continued to this day of occupational therapists focusing on "doing," specifically the doing of occupations. Even as the profession expanded and therapists specialized in meeting the needs of other groups, such as pediatric and adult rehabilitation or aging, occupation continued as the center of the occupational therapists' attention and work. Similarly, while the work of occupational therapists in mental health has expanded to include inpatient, outpatient, community-based, public, and private facilities, the desire to meet the psychosocial needs of individuals has not changed. New challenges encourage therapists to consider these new settings, as well as the changing practice models addressing trauma-focused care, for example.

This dialogue aims to gain a sense of the status of OT in mental health settings and how occupational therapists have adapted to external forces impacting practice. What are the strengths of OT mental health practice today? What are the challenges to practice? What can the profession do to strengthen its contribution to meeting the nation's mental health needs? How has COVID-19 impacted practice settings and methods, and how have occupational therapists adapted to the challenges posed? Janice D. Hinds and Halley Read bring their wealth of experience and expertise in both traditional and innovative community-based settings to address these questions in the following discussion.

Janice D. Hinds and Halley Read

Janice D. Hinds, MS, OTR/L, BCMH, is the occupational therapist at the Colorado (CO) Mental Health Institute at Fort Logan in Denver, CO; she is also the director of the Therapeutic Activities Department. She supervises recreation therapists, creative art therapists, and occupational therapists on program development and hospital-wide initiatives. Her person- and population-centered, occupation-based OT perspective encompasses trauma-informed care, OT Intervention Process Model constructs, clinical reasoning, functional cognition, compassion, holding hope, and finding joy. She served as a founding occupational therapy assistant (OTA) program director and worked as a traveling therapist. Before earning her Bachelor of Science and advanced Master of Science degrees in OT, she worked as an OTA in unique practice areas, such as cardiac and pulmonary rehab and adolescent psychiatry. She is currently pursuing her Post Professional Doctor of Occupational Therapy degree at the University of Utah. Ms. Hinds is a long-standing, active member of the Occupational Therapy Association of Colorado, having served in multiple leadership roles, including a five-year term as president and spearheading regulatory and legislative efforts. She is an active member and volunteer leader with AOTA, currently serving in the role of the Recorder for the Representative Assembly. She was awarded the AOTA 2021 Distinguished Fieldwork Educator Award.

Halley Read, MOT, OTR/L, is very passionate about and dedicated to growing the number of occupational therapists working in mental health settings, including the community, and aims to support the OT workforce to embrace their roots in psychosocial practice regardless of practice setting. These passions have led her to believe that the innovative, creative, and person-centered approach of OT is a perspective and value-added tool that can help drive health care and health care education forward. Halley's service and scholarship interests aim to promote an understanding of mental wellness through the OT lens, exploring how OT can promote community health and wellness, and identifying solutions for the health care challenges occupational therapists and consumers face. She is pursuing her Ph.D. in Translational Health Sciences because she plans to educate future clinicians, lead mental health care practitioners, and study how to move evidence into practice more efficiently and effectively. Ultimately, her goals aim to demonstrate OT's role in mental health care and to solve the challenges our health care system faces.

What excites you about psychosocial OT practice in 2022?

Janice

What excites me about the future of OT practice are the possibilities. The current societal interest in mental health provides traditional, contemporary, and future-oriented opportunities for occupational therapists who are psychosocial generalists and occupational therapists who are mental health specialists. I wonder if the pandemic, great resignation, and millennial generational value of balance are tipping points in recognizing the importance of self-care and a work-life balance. It provides an opening for occupational therapists to take the lead in mental health and wellness education and interventions, such as prevention of illness and preservation of health and restorative treatment. Current stigmas may become demystified when the general population is exposed to, talks about, and seeks assistance.

A few situations that give me hope for accessible, affordable, supportive psychosocial and mental health practice:

- The Colorado (CO) state OT practice act was renewed (January 2021) with modernized language; this included intentionally adding terminology related to mental health practice and removing binary language from the statute and rules and regulations.
- The State of CO is adding forensic treatment beds to one of the state hospitals, expanding inpatient treatment for this adult population.
- The CO Department of Human Services is transforming CO's behavioral health system intending to form a Behavioral Health Administration (BHA) that will partner with state agencies to ensure equitable access to mental health and substance use care for all Coloradoans. The General Assembly is currently in session, and the Occupational Therapy Association of CO (OTAC)'s legislative committee and lobbyists monitor BHA bills and others that may impact occupational therapists and the profession.

Halley

I am excited to see such momentum building in and surrounding our profession to focus on the psychosocial wellness of ALL clients, groups, communities, and our society. The global pandemic has constantly demonstrated the impact of occupational deprivation and lack of engagement on our wellness and well-being. For example, at AOTA Inspire 2022, there were many presentations; Conversations that Matter; and posters on mental health, substance use, behavioral health, and psychosocial concerns.

This means occupational therapists and OTAs are working hard to promote, implement, and DO the psychosocial focused work we know we need to do. The other thing that excites me is the entrepreneurial and interprofessional collaborative spirit I am seeing in occupational therapists and OTAs in practice, education, and research. We demonstrate our distinct value by working with other professionals worried about psychosocial wellness.

OT focusing on psychosocial health is happening more and more with school-aged children. Private practice pediatrics is seeing an increase in the need to screen for, evaluate, and treat psychosocial wellness in children and families.

- Here in Oregon, I have an OTD Capstone student doing a mental health-focused project for a private outpatient pediatrics clinic in the area aimed at helping the team screen for psychosocial concerns in the clients and their families.
- In Indiana, occupational therapists, OTAs, and researchers are pushing hard for more access to OT services for those in recovery, as highlighted in a recent AJOT piece on the status of occupational therapists and OTAs as mental health professionals in that state.
- At my university (Pacific University), there has been an increase in focus on the psychosocial needs of students and the burnout prevention needs of faculty, staff, and students. This is not a new trend; look at the University of Southern California program. But this is a huge place for OT, and I see examples of that around the country.

What is needed to maintain and or expand the status of OT and mental health/psychosocial practice?

Janice

- Outcome studies. Is the status quo working? If not, challenge it; if so, do more of what works. OT is the only discipline with a focus on functional cognition. I have great stories about sewing on buttons, making chocolate chip cookies, playing pool, and changing the linens on the bed. When I share the descriptive occupational performance stories with colleagues, I can talk about the client's mental and sensory functions and what was occurring in the environment. Using evidence-based research and practice and sound clinical judgment supports an interpretation of occupational performance. Recall that the premise of the Allen Cognitive Disabilities Model (ACDM) is that we know how people think because of what they can do.
- Occupational therapists should use relevant models of practice and standardized assessments to support this perspective and then educate and collaborate with colleagues and clients on that viewpoint, highlighting a distinct value of OT.
- Occupational therapists and OTAs can cultivate relationships with seasoned mental health occupational therapy specialists who will consult with you when you need advice.
- Occupational therapists and OTAs can make the connections in the documentation of occupational performance challenges and successes between skilled OT interventions and client factors and context that contribute to the client's performance patterns and areas of occupation. Current Procedural Terminology codes and productivity expectations and electronic health care documentation records are not set up to support this documenting and billing; we short-change our

profession and the clients when we check boxes that do not adequately describe our skill set in assisting clients in achieving their goals.

- Several textbooks, articles, studies from the *American Journal of Occupational Therapy* and the *American Occupational Therapy Association's Special Interest Section* quarterlies, and conference offerings focus on mental health conditions, treatment and wellness interventions, and community resources. Occupational therapists and OTAs should create opportunities for self-education and then incorporate strategies into practice.

Halley

- First, occupational therapists and OTAs, researchers, and educators need to step into the public health space, search out funding that is not direct or fee for service, and approach practice from a place of using the OT process to help ANYONE with psychosocial needs. For example, consider private practice, community health practice, etc., where you can work on promoting health and wellness or social-emotional learning. There are numerous examples of this happening already, so partner with those who are doing the work and bring that change to your practice, community, and neighborhood. We have the knowledge and OT community; therefore, we need to focus on translating that knowledge and implementing those programs. A great example of a psychosocial focused program is Dr. Susan Bazyk's Every Moment Counts program. She has developed this program and used capacity-building strategies to increase the confidence and ability of school-based occupational therapists and OTAs to provide psychosocial wellness care for school-aged children.
- Second, advocate, advocate. You can advocate having your state's rules about who is a mental health provider changed or ensure your state's OT Practice ACT does not prevent occupational therapists and OTAs from working on psychosocial needs (Utah's currently does, for example). Something near and dear to my heart and a career pipe dream is to see a change in how we value mental health care, as evidenced by the reimbursement rate for psychosocial billing codes. Occupational therapists and OTAs should get involved at a local, state, and national level to change the value we as an American society have placed on the lives of those with mental health and serious psychosocial needs through our poorly reimbursed rates for mental health care delivery.
- Lastly, think about how your documentation is an advocacy tool in everyday practice. It is where we can demonstrate (a) our OT process; (b) our value; and (c) the role of participation, occupation, and performance in the health and well-being of those we serve. Do not be afraid to document how your session targeted a psychosocial need that is directly tied to a physical rehab goal, cognitive issue, or neurological condition.

What is going well with OT addressing psychosocial issues?

Janice

This is what occupational therapists are skilled at: task/activity/occupational analyses; task equivalencies; functional cognition embedded in occupational performance; a strength-based focus; meeting people where they are; working with clients (individuals, groups, communities) on their goals (and being satisfied with their measure of success); occupation-focused, -based, and -centered therapy; therapeutic use of self, and creativity. Embrace all of that when collaborating with anyone, especially with people with mental health conditions.

What are your thoughts on the present challenges to practice?

Janice

Trauma-informed care and the recovery model readily align with a generalist OT lens. Incorporate the philosophies in everyday interactions. Theories, models of practice, and frameworks that ground OT in other practice settings do likewise in mental health treatment settings. Occupational Therapy Intervention

Process Model (OTIPM); Allen Cognitive Disabilities Model ACDM; and performance, environment, occupation, and occupational performance models (e.g., PEO, PEO-P, Ecology of Human Performance) and their accompanying standardized assessments (e.g., Assessment of Motor and Process Skills, Assessment of Compared Qualities—Occupational Performance) are discipline-specific, effective and efficient. Their frameworks are relatable to non-OT colleagues.

Halley

We have many examples of occupational therapists and OTAs doing great work, so there is no need to reinvent the wheel. Reach out to those doing inspiring, psychosocial-focused work, build a support network, and implement the innovation where you work. While being an occupational therapist in mental health or psychosocial practice can feel isolating, many occupational therapists, OTAs, and allies can and will support you because they know the value you bring to the care team.

- First and foremost, exposure to practice in mental health or a psychosocial focused practice is limited. We need to expose students to non-traditional practice; consulting, community education, community organizing, and private practice. If you are an occupational therapist or OTA in a traditional mental health setting, or an occupational therapist or OTA targeting psychosocial wellness in your practice, take fieldwork students. When a student interested in OT school reaches out, let them shadow you.
- Funding stability and reimbursement are other challenges. Chasing reimbursement models is not sustainable at a medical care level, let alone a mental health care level. This means we have to be creative about funding and financial resources. So, while advocacy for increased reimbursement and OT as qualified mental health professionals is needed, OT being widely available to all people, regardless of need, is even more important. This challenge is overcome by applying for grants that align with our OT process and scope. Partnering with OT schools as occupational therapists and OTAs can help you attain funding and workforce numbers.
- The other large challenge is that OT psychosocial/behavioral health/mental health-focused researchers are not numerous. To prepare our profession for the next 100 years, consider how you can partner with those doing the research as occupational therapists and OTAs. That mentorship and experience will help you develop the skill set necessary to discover knowledge and translate it into practice. If you are a community occupational therapist or OTA, reach out to those in academic settings with your passions and ideas. Our future is all of ours to work for!

What are your thoughts on what the profession can do to strengthen this area of practice for the future?

Janice

- The lack of outcome studies. What difference does OT make to a person's quality of life, community living placement, discharge plans, length of stay in the hospital, relationships with influential people, and reduction of costly services? Data drives decisions. Whether from an occupational science lens, a case study or pilot project that can be replicated, or a science-driven treatment intervention, mental health OT practice needs hands-on, this-makes-a-difference research.
- Everyone can work with clients on coping skills. Anyone can use modalities, such as deep breathing, a schedule, fidget items, and art or music. But occupational therapists look at the client's occupational performance and not coping skills. So, when we use coping skills as a preparatory or embedded occupational performance strategy, it is in the context of who the client is and when and where, and how it will be used, effectively or not. We should be okay with a colleague from another discipline verbally educating a client about a particular coping skill; if it was effective, great, the client did not need the distinct skills of an occupational therapist for that situation. It is the clients

and situations for which that type of intervention is ineffective that we need to focus on our unique skill set, the clients who need the do-with scaffolding interventions.

- There are not enough of us to provide services to all the people who could benefit from OT. So we have to decide what we will and will not champion. Maybe we need to be content with anyone knitting or playing cards with a client. We know the value of meaningful doing and that, at times, engagement allows people to open up; it is the other disciplines who are learning this viewpoint and using it. Maybe we need to focus on providing services for the population of people with mental health conditions for whom satisfactory engagement in occupation is not in their reach. Perhaps we focus on people whose lives will be impacted because an occupational therapist used the totality of their skills and provided the therapeutic use of self-mode the person could relate to, which offered safety and an opportunity for trust. We rely on partnering with clients, and we foster collaborative relationships by developing sequential motivation when we grade occupations for success and a sense of mastery. Maybe we focus on engaging with clients, whether by direct, indirect, or consultative care, who otherwise would not live their lives to their fullest.
- Create relationships for research and scholarly practice. This could occur through academic researchers partnering with practicing clinicians who could collect data because of their roles in working with clients. It could also occur through capstone projects, with students and faculty collaborating with occupational therapists for stakeholder-driven projects and a continuum of needs for the hospital, community center, or group home.

Halley

- EMBRACE OUR ROOTS. We are occupational therapists and OTAs, regardless of practice setting, which means we are skilled and equipped to meet the mental health needs of any of your clients. You may spend a session targeting ADLs, but what about that engagement or performance has a psychosocial impact? Document that impact and highlight it with your clients and treatment team members. Documentation is one tool that is untapped in its potential to advocate for our profession. We do not all have to pick up a pitchfork and march, but if everyday clinicians in settings traditionally not psychosocial focused documented sessions where psychosocial wellness increased or changed, imagine how that small ripple could become a large wave.
- Along the lines of advocacy, I think of something my good friend and AOTA Grassroots/PAC Specialist, Jill Tighe says, “if you aren’t at the table, you are on the menu.” If we think and act beyond direct care, we can prevent our profession from dwindling in the spaces it is very much needed. As occupational therapists and OTAs, learn the system of care you work in and think about the opportunities for expanding OT’s role and presence. And, please, participate in legislative advocacy.
- Lastly, occupational therapists and OTAs are skilled at knowledge translation. We do it every day with clients, translating information in a digestible and usable way. Therefore, occupational therapists and OTAs can and should be knowledge translators beyond direct care. For example, I was a supervisor for a time before academia, and I would tell my staff I never stopped being an occupational therapist. The focus just changed; it moved from helping clients do what they want and need to helping staff do what they want and need to feel fulfilled at work. The same is true for me as an OT educator; students have goals to become an occupational therapist, and my role as an occupational therapist is now to help them develop the skills and knowledge necessary to do that. I present these two examples in hopes that occupational therapists and OTAs can see that our OT Process is the perfect tool for translating information. So, help your care teams or program managers solve wicked problems because that demonstrates the power of OT.

How has the Covid-19 pandemic impacted the practice of psychosocial OT?

Janice

The world is in a mental health crisis because of the pandemic. Pandemic represents trauma, long-term COVID, grief, loss, change in the family constellation, adjustments in relationships and spontaneity, and fear of the unknown. Instead of focusing on the clients we serve, we need(ed) to focus on ourselves, how to modify our roles and routines (all of them), and practice our trauma-sensitive care.

And we have had to dig deep, for the long term, as we work(ed) on building resilience in ourselves, our practices, and our communities. We have had to do mental health practice on ourselves and with each other; we have needed to extend grace and patience more than ever. Even though we still do not get it, we have had a glimpse into what isolation, fear and panic, mis/ dis/ lack of information, deprived access to resources, and maybe even what altered realities might be like for the people we serve. And like many other health care providers, we had to figure out how to build and tend relationships via virtual means, change our pace and expectations, and foster partnerships with community agencies who were figuring out how to adapt their practices in real time.

Halley

It has presented challenges and opportunities. We have seen how powerful the lack of occupational engagement and social isolation are on our psychosocial wellness. So, this is a huge opportunity for us as a profession to meet neighborhood, community, and public psychosocial needs. For example, occupational therapists could explore our role in and effect on burnout reduction in school-based therapists, nurses, etc. The pandemic has also presented great opportunities for funding such that many grants, research dollars, and community funds are targeted at those most impacted by COVID-19. That is an opportunity for our profession. Ultimately, the pandemic introduced chaos, as we all know, but it is in the chaos that innovation is most supported!

Are any of the adjustments made to accommodate the pandemic to be retained and contribute to improving OT services?

Janice

- Hybrid interactions and interventions. The virtual court, interagency, and multidisciplinary meetings via video platforms were/are such time-savers. It was heart-breaking to administer assessments via Google Meets and "through the fence," as well as learn and play dice and card games over the telephone, and I am immensely proud of those clients (and myself).
- Resources. We have spent money on technology and personal protection equipment; we need to figure out adequate mental health funding outside of a global crisis.
- Innovative internships. Out of necessity, we adjusted our practices so students could meet fieldwork performance expectations in meaningful, albeit atypical ways. One of my students gardened with the recreation therapist that included client interventions as the hospital's pandemic responses allowed and sank into the similarities and differences between the two professions and common modalities.
- Connect with others. Personal protection equipment was/is a protective barrier to infection, and it created barriers for connections (e.g., reading facial cues, handshakes). And yet, how many occupational therapists naturally lowered their masks and smiled so people could "see" their expressions or came up with other individualized client greetings (e.g., various forms of high and low fives). In novel ways, we creatively and respectfully showed others they mattered.

Halley

The use of telehealth is something we should retain and understand more fully, especially for a profession all about doing. Those occupational therapists using telehealth successfully to partner with and help those

with psychosocial needs, consider sharing this with us via *OT Practice*, or a Special Interest Section, or your local newspaper. Dissemination allows others to implement what works in their communities.

What are your recommendations for clinicians in finding holistic ways to infuse a mental health focus in their daily practice?

Janice

- Practice authentic OT. Focus on occupation.
- Literally and figuratively, meet people where they are. Listen with an intent of understanding.
- Be kind, compassionate, inclusive: "nothing about us without us." Remind yourself that it is not about you, and you are on their journey of recovery.
- Ask for help when you need it.
- Seek out credible resources and refer to them as frequently as necessary—foster your intellectual curiosities, respectfully.
- Be open to fieldwork students' suggestions.
- Document in a holistic manner.
- Encourage your colleagues to do likewise.
- Grow your professional network by joining your state association and committees of interest and expertise; seek out academic learning opportunities; put yourself out there by volunteering at fundraising walks or other non-profit events; find a mentor, then commit to being one when it is your turn.
- Practice self-care.
- Maintain your passion for your profession.

Halley

- Use your documentation more purposefully! When working with people, highlight how the intervention and occupation support their psychosocial wellness and sense of self. If you can begin to see your daily practice's everyday mental health focus, you can harness that and use it more regularly.
- Another way to bring a mental health focus to everyday practice is to become a trauma-informed clinician and help your place of work become trauma-informed. When people, groups, and systems understand trauma and use that knowledge to aid recovery and resist re-traumatization, the mental health of all flourishes. There are many folks and resources in the OT profession and other health care professions to help this effort.

Summary

Janice Hinds and Halley Read have provided rich, illustrative perspectives on the status of mental health and OT practice in the United States. Overall, their perspective is incredibly optimistic about the opportunities for the expansion of OT practice in mental health settings and specific roles. Embedded in many of their responses are the foundations of evidence-based practice, both the need to generate clinical scholarship related to OT interventions among individuals with mental health challenges and the use of current best evidence in practice (regardless of setting or funding source). Further, their perspective empowers the generalist through their recommendations of tools and strategies that can be used in everyday practice, incorporating a psychosocial framework with clients despite the setting, population, and/or funding sources. Conversely, though thoughtful, Janice and Halley's perspectives also challenge the profession (e.g., policymakers, scholars, educators, practitioners) to advocate more, do more, and have what we do be more visible and documented. Ultimately, however, it may be safe to distill down their thoughtful words to that of the American Occupational Therapy Associations Vision (AOTA) 2025: "As an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday

living" (AOTA, 2017). OT is a stronger profession with practice scholars and advocates Halley Read and Janice Hinds.

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***Bryan M. Gee, Ph.D., OTD, OTR/L, BCP, CLA**, Professor, Rocky Mountain University of Health Professions, Provo, UT.*

***Sonia Zimmerman, Ph.D., OTR/L, FAOTA**, Professor (retired), University of North Dakota, Bismarck, ND.*

***Janice D. Hinds, MS, OTR/L, BCMH**, Staff Therapist, Colorado Mental Health Institute at Fort Logan, Denver, CO.*

***Halley Read, MOT, OTR/L**, Clinical Assistant Professor, Pacific University, Forest Grove, OR.*