Mental health treatment skills, once the backbone of the occupational therapy profession, have taken a backseat to what we have come to know as American medicine.

Popping a pill for whatever ails you took control only a few short decades ago, and since then a holistic view of medicine just didn’t seem important or necessary. And so OTs working in mental health began to vanish. By the end of the 1980s the number of OTs and OTAs practicing in the mental health arena was down to 10 percent. In the mid to late 90s there were so few OTs left in mental health that many states no longer recognized them as qualified mental health providers. By 2010 there was a scant 2 percent left nationally.

Yet what is old is new again. Holistic medicine has begun to see a re-emergence in recent years. People are realizing that a pill doesn’t always cure all. Health insurers and employers are recognizing that mental illness and stress can come at a huge cost to industry and the community. With today’s emphasis on cost cutting—and as health care reform weighs outcomes versus fee-for-service—it is more than time for OTs to re-enter the mental health arena. (ADVANCE, “AOTA’s Plan for Mental Health,” February 4, 2008)

“OTs have the ability to teach life skills and to do community skills training as well as health and wellness, etc. that have historically been overlooked for people with mental illness,” Ruth Ramsey, Ed.D., OTR/L., program director, department chair and associate professor at Dominican University of California, recently told ADVANCE. “We are becoming increasingly valued, especially when looking at health care reform and the focus of integrating mental health and physical health. OTs can be important members of these teams, but if our students don’t have the clinical training, they are not going to be well positioned to move into those jobs.”

Yet, unfortunately, OT students just aren’t getting that proper training. Statistics gathered by ADVANCE two years ago showed that only 15 percent of OT professional-level education programs require students to do level II fieldwork in mental health settings. (ADVANCE, “Walking with Others: How OT Will Make It in Mental Health,” May 8, 2009)

Ramsey’s general sense is that while OT programs must have some mental health core curricula and that most try to have level II fieldwork with psychosocial experiences, “the curricular content is pretty thin...and the challenge comes at level II fieldwork.”

The Challenge
The importance of psychosocial affiliations is obvious to Dominican University and a handful of other schools. Why the holdout among the rest of the country’s OT programs?

Ramsey and Alison Virzi, BS, OTR/L., academic fieldwork coordinator at Dominican, told ADVANCE that finding mental health sites with OTs on staff is one of the biggest hurdles. “There are so few OTs in mental health who can serve as supervisors for the students that it makes it difficult for students to be placed,” explained Virzi.

Tina Champagne, OTD, OTR/L., CCAP, AOTA mental health special interest section chair, agreed. “It is sometimes even a struggle to arrange level II,” she said.

Champagne, an adjunct professor in the occupational therapy department at American International College in Springfield, MA, has found that it is easier to be creative in finding sites or creating projects that professors can supervise themselves for level II. But the amount of guidance needed for level II—dirt OT supervision for a minimum of eight hours a week—is more demanding. “The professor can’t be the one to do that in level II, so it is more of a challenge to offer those placements.”
Ramsey also finds it difficult to find students who are willing to take on psychosocial placements. “Most of our students coming into the field don’t initially express an interest in mental health practice, partially because they haven’t been exposed to it,” she explained. “So there are pressures to place students where they think they want to practice, and it becomes a circular process.”

The reluctance of students to venture into mental health settings is all the more reason to require them to do so. Most students won’t find that they enjoy working in the psychosocial realm until they have the experience. Champagne was one such student. “I had decided that I was going to be a hand therapist; I didn’t have any interest at all in mental health,” she shared with ADVANCE. “But at the time, my school required a level II fieldwork in mental health, so I had to do it.”

It was during that fieldwork experience that Champagne became open to the mental health setting and ultimately found it to be a good fit for her. “I wouldn’t have come to that conclusion if I hadn’t been required to have that level II mental health experience,” she said. “I had had a few level I experiences, but they didn’t have the same impact.”

“There is an increased level of maturity and grounding that occurs from going through the experience of a mental health rotation,” added Virzi, who also completed the required level II mental health fieldwork rotation as a student at Dominican. “You earn an ability to understand and listen, and you develop an empathy that you just wouldn’t get going through the adults, seniors and pediatrics track alone.”

Ramsey added that these students bring that understanding of the psychosocial aspect of the disability experience with them into practice. “It makes them better practitioners no matter what area they practice in,” she explained. “They will deal with family dynamics if they are working with children and often deal with depression, anxiety, anger, substance abuse—these are all mental health issues, and they are not typically the focus of most pediatric and physical disability rotations, and yet they really underlie effective practice.”

Get Creative

So how can OT programs struggling to provide mental health rotations find appropriate affiliations? Champagne, Ramsey and Virzi all have the same advice: be creative, be persistent and be proactive.

“Be creative in how you define mental health OT,” said Virzi. At Dominican, working with children with autism to obtain necessary social skills is considered
a mental health rotation as well as working with geriatric patients. “We might not have used those areas a few years ago, but because we need to get more sites, we have opened those doors.”

Champagne agreed adding, “There may be other opportunities that we are missing because of the way we define ourselves. Many define mental health practice as being hospital based or in a larger community-based organization, but OTs that practice in pediatrics may actually be practicing what can be considered mental health OT if they work in a mental health setting that offers a classroom.”

Ramsey also tells program directors and fieldwork coordinators to be very persistent and thorough. “Start with the people you know in your community,” she advised. “Every state has an association. Get in touch with those people.” (Virzi noted that Ramsey is always looking for ways to meet new mental health practitioners, consistently stays in touch with them and is always passing around and exchanging business cards.)

“Make the connections and learn who the OTs are in your state who are doing mental health work,” concurred Champagne. “Develop relationships with those OTs, and work together to seek out opportunities for level I and II fieldwork.”

Lastly, OT professors and fieldwork coordinators need to be personally proactive in their programs. Ramsey is an advocate of what she calls the “faculty practice model,” in which an OT works part time as a faculty member while also working part time in the community.

This combination creates supervision opportunities for the practitioner and FW opportunities for students.

Dominican is also embarking on what Ramsey hopes will become fruitful community partnerships. “We have been very successful proving our value with a couple of community agencies so that they are willing to help and support an OT fieldwork supervisor so we can run level II students through there,” said told ADVANCE.

“I feel strongly that our students need mental health in their education,” Champagne concluded.

And just how dire is the need?

“Schools that don’t have this component are going to be left behind when health care reform comes online in 2014,” said Ramsey. “Now is the time to get up to speed.”

AOTA’s mental health SIG and ASD delegates are currently working to learn more about mental health fieldwork issues. Take their survey at www.ot-innovations.com/content/view/8228/.

Jessica LaGrossa is ADVANCE senior associate and online editor.