AOTA Mental Health Specialty Conference 2022

Standing Out and Fitting In: Articulating OT's Distinct Value within Recovery-Oriented Community Mental Health Systems

Psychiatric rehabilitation and recovery-oriented community mental health systems present both opportunities and challenges to OT. Because psych rehab and recovery approaches mirror many of OT's principles and concepts, the question arises: What makes occupational therapy essential within community mental health systems? An informal lunchtime solutions-oriented discussion was held at the 2022 AOTA Mental Health Specialty Conference (December 3rd, 2022, Columbus OH) centering around this and other compelling questions.

Breakout groups were asked to discuss and respond to the following prompts. The responses were compiled in this document for use by practitioners, educators, state OT associations, AOTA board and staff, and committees including the AOTA MHSIS, 988 Task Group, State Affairs, other relevant AOTA committees, as well as other interested individuals and groups.

Discussion facilitators included David M. Merlo, MS, COTA/L, CPRP, ROH; Linda M. Olson, PhD, OTR/L, FAOTA; and Christine Linkie, PhD, OTR/L, CPRP. Questions or comments regarding this document can be directed to David Merlo, MS, COTA/L, CPRP, ROH at davidmmerlo@gmail.com.
Thanks to all who participated in this solutions-oriented idea session at the AOTA Mental Health Specialty Conference!

1. **What advantages can OT offer community mental health systems and services?**
   - **In other words, what does OT offer to rehabilitation and recovery-oriented community mental health systems that is not already being done by other disciplines?**

- OT offers different approaches to care. We focus on routine, occupational engagement, and a wide range of occupations.
- OT focuses on function.
- OT brings knowledge on functional cognition.
- OT emphasizes client (person-centered) focus.
- OT values and incorporates the client's (person's) lived experiences.
- OT focuses on all relevant context areas of the person.
- OT addresses and includes occupations and activity analysis.
- OT is holistic in addressing the person's needs.
- OT focuses on getting back to function and occupations.
- OT emphasizes activity analysis skills
- OT focuses on adapting occupations for the person's success.
- OT specializes in environmental design and analysis.
- OT utilizes the Person Environment Occupation (PEO) Model as a lens.
- OT addresses cognitive disabilities.
- OT brings knowledge of sensory functioning and sensory strategies.
- OT utilizes real-life assessments.
- OT addresses both client (person) as well as caregiver education.

- OT focuses on action and occupations.
- OT focuses on the person, environment, and occupations; not just just client factors.
- OT offers insight into topics interfering with occupational performance, occupational justice, alienation, deprivation.
- OT specializes in therapeutic use of activities - learning by doing.
- OT specializes in sensory processing and functioning.
- OT addresses how environment plays a role on recovery and skill acquisition (PEO Model)
- OT utilizes science (evidence-based approaches) to help people to bridge the gaps between learning and actually using skills in real life.
- OT emphasizes learning by doing, reinforces skills to USE rather than simply learn/discuss via “talk therapy”.
- OT recognizes, values, and incorporates culture and spirituality into OT approaches.
- OT utilizes activity analysis, adaptation, grading, modification.
- OT evaluates (and addresses) sensory processing.
- OT utilizes task analysis.
- OT understanding of individuals is more holistic - considering environment, social contexts, as well as cognition, physical, psychosocial aspects of performance.
- OT utilizes performance-based assessments.
- OT addresses the “fit” between the person’s capacity, the task demands, and the environment.
- OT acknowledges and understands the social construction of disability, including the environmental barriers.
- OT maintains an occupational focus - task analysis, environmental analysis.

2. What challenges does OT face in becoming a more widely utilized and integrated discipline within community mental health systems?

- Agency/government (lack of) understanding of OT scope of practice to include as part of services. For example, lack of understanding results in OT being overlooked within obvious settings such as permanent supported housing sites.
- OT does not have a specific, distinct “lane”.
- OT is often suggested but not required as a service.
- It is difficult to identify reimbursement mechanisms for OT services.
- Salaries in many community settings are too low for OTs.
- Salaries in many community settings are too low, even for OTAs.
- There is a lack of public awareness of what OT does and offers with community mental health settings.
- AOTA does not market us to consumers and administrators.
- Society needs to pay (reimburse) OT what it is worth (our value).
- Lack of funding.
- Applied Behavior Analysis is “dominating” in mental health services for adolescents.
- People do not know the education levels of the OT profession and the “tons of stuff” OTAs and OTs know.
- People not knowing what we do as OT practitioners.
- Other disciplines do not understand OT’s scope of practice.

- Stigma regarding mental health impacts the lack of funding in mental health.
- OT students seem more interested in traditional areas of practice.
- Lack of OT representation in public policy.
- QMHP status differs by state.
- Lack of mental health setting information provided to students.
- Lack of funding.
- People don't know what we do (we can do more than address handwriting or help people find jobs).
- Lack of substance use disorder education on OT/OTA programs.
- There is insufficient training in the role of OT in maternal and perinatal care.
- Lack of mental health training in our OT/OTA education programs.
- Myths about our ability/inability to bill for OT services in mental health settings.
- Ambiguity
- Lack of knowledge about OT practice.
- Trailblazing is tiring.
- Insufficient advocacy, or a lack of confidence in advocacy.
- Emphasis on productivity over valued outcomes.
- Discrimination against OT as a profession by other mental health professionals and decision makers.
- Lack of awareness of what OT can do.
- Scope of practice differences.
- Lack of sufficient legislation
- Lack of understanding of what OT offers.

3. How might we overcome those challenges to become a more widely utilized and integrated discipline within community mental health systems?

- OT professionals should attend (and present at) conferences of other disciplines, as well as interprofessional mental health conferences.
- OT professionals should become more involved in city, regional, state, and federal government. Take on positions within government, become involved in councils and committees, task forces.
- More emphasis on mental health in OT education.
- Find the "right people" to talk with.
- More community education - help others to learn what OTs and OTAs do in mental health practice.
- More legislative advocacy - consistently send messages. The more government and elected officials hear about OT's value, the more they will seriously consider how OT should be included in services.
- Publish research and outcomes of OT services, projects, and models.
- Create a more centralized user-friendly resource/database for grants to fund OT services and projects.
- Apply for grants to fund services and projects.
- Continued political advocacy for OT as community mental health providers.
- Market OT services to wider audiences (consumers, stakeholders, etc.).

- Pilot programs, demonstration projects.
- Gather and present data showing incidences where OT creates an increased return on investment as compared to other professions.
- Produce and publish data showing OT's distinct value.
- Assistance with grant writing for OT community mental health programs.
- Collaborate with OT practitioners outside the USA regarding their community based programs.
- Develop resources to guide OT practitioners looking to start up community based programs.
- Increased public relations to get our name out there.
- Visiting community organizations and speaking to staff and administration about OT's distinct value.
- Use implementation science to implement evidence-based programs into practice. Publish these programs, and use that to advocate for more such programs.
- Utilize interprofessional contacts to influence policies at facility and state levels.
- Have easily accessible and vetted evidence-based training programs for specific mental health areas of practice.
- Utilize doctoral students capstone projects to create model programs/projects that can then be studied and replicated.
- Revise ACOTE standards to explicitly include mental health practice and fieldwork.
- Offer inservices for other professions about barriers to engagement, occupational deprivation, and their impact on recovery.
- More non-traditional fieldwork within community-based mental health settings.
- Partner with people who can advocate for billing and insurance that is supportive of community mental health services.
- Introduce ourselves as someone (or a profession) that can solve a problem. Focus not on "hiring an OT" but rather focus on our ability to solve a problem.

4. How can we best incorporate our INTRAprofessional (OT/OTA) workforce model within existing community mental health systems to maximize availability, quality, and value?

- Utilize OTAs to provide direct services within community mental health settings, with OTs serving in consultative roles supporting. This workforce model makes financial sense.
- Partnerships with OT and OTA education programs (intraprofessional learning), especially pairing OT and OTA students on fieldwork.
- Publish on quality OT/OTA work done in community mental health settings.
- OT/OTA community collaborations and partnerships with organizations addressing community mental health.
- Develop more OTA Level I and Level II fieldwork opportunities.
- (Cost-effectively) expand our workforce by having OTs lead teams with several OTAs and students at all levels.
- Empower OTAs to practice at their "full scope". Support OTAs with program development.
- OT/OTA teams utilizing client-centered and relationship focused frames of reference and theories.
- We need to market the OT/OTA team. Emphasizing the value of addressing larger numbers of people through a team approach.

5. What continuing education opportunities are needed for you to continue to develop best practices and advance OT in community mental health systems and services?

- Create a credential (certification) in community mental health services focusing on mental health diagnoses and interventions.
- Cultural humility
- Substance use disorder certification/training.
- Trauma informed care training.
- Mental health specialty certification.
- AOTA should develop reciprocity with other certifications for CE. For example AOTA become an approved provider of CE for Psychiatric Rehabilitation Association (as well as other organizations such as RESNA, etc.), and those organizations become AOTA Approved providers.
- Community mental health micro credentials.
- Policies and procedures for effective community mental health practice.
- Grant Writing techniques.
- Billing reimbursement training.
- Grant writing skills.
- Interdisciplinary roles
- Training on what various states and medicaid regulations allow OT practitioners to do (bill for).
- Reimbursement.
- Government funding.
- Ways to advocate.
- Training on nature-based practice, forest bathing, and ecospirituality.
- Management and program development.
- Working with underserved populations.
- Create an accessible mental health certification for OT practitioners that is connected to other mental health organizations/specialties.

To contribute additional comments in response to the above prompts, please email David Merlo at davidmmerlo@gmail.com.

Last updated 12/5/22