Some, clearly not all, occupational therapists working in physical disability practice settings are failing to see how their behavior is hurting the profession of occupational therapy, particularly mental health practice. As a fieldwork coordinator with as many as 150 students doing fieldwork at any given time, I spend most of my day talking with clinicians. Most are devoted clinical educators, but a surprising number of therapists have a narrow way of looking at our profession. I would like to present some statements I have heard repeatedly, from physical disability occupational therapists, that I believe are hurting mental health occupational therapy.

"Why Do You Still Require a Mental Health Fieldwork Experience Nowadays?"

I am often asked why we "waste" so much time teaching mental health when we could be doing so much "more" in other areas. I am sure this short-sighted question is partly the product of societal thinking that people with mental diseases do not get well and that occupational therapists should devote their energies to helping people get well. In our society, it is acceptable to have a stroke but it is not acceptable to be depressed or to have schizophrenia.

I tell the clinicians who ask this question about the importance of learning therapeutic use of self and self-reflection (Schön, 1987) in mental health fieldwork experiences. I say that an expert occupational therapist is concerned with procedural, interactive, and conditional thinking (Fleming, 1991; Maittingly, 1991) and that a mental health fieldwork experience helps to develop interactive and conditional reasoning as well as procedural doing. I add that if we were a profession that just wanted to treat the physical disabilities of our clients then we could switch to the field of physical therapy.

I am concerned that many schools have made mental health Level II fieldwork experience optional. At the Fieldwork Coordinator's constituent group at the 1992 Commission on Education meeting, I asked how many occupational therapy educational programs no longer required a mental health fieldwork experience. More than 10 hands shot up. A discussion moderator immediately voiced the thoughts of many people by saying "Shame on you" to the raised hands.

"If You Cannot Make It in Physical Disability, There Is Always Psychiatry"

Saying that occupational therapists who practice in mental health chose their career path because physical disability practice was too difficult is as unfair as my saying that occupational therapists who specialize in physical disabilities picked their path because they could not cut it in mental health practice. Unfortunately, I have heard the former statement more than once. Personally, I chose mental health for different reasons. It is a perfect fit of challenge, creativity, and compassion. I am concerned about the elitist attitude of some who think that skills needed for mental health practice are less important or challenging than the skills needed for physical disabilities. This leads me to another comment I have often heard made to students.

"You Will Lose Your Physical Disability Skills If You Take a Mental Health Job First"

Students on a fieldwork experience from all over the country have reported to me that occupational therapists have offered them this piece of so-called advice. The thought that you can get a mental health job anytime but you must practice in physical disability first to keep your skills is disheartening. We teach students to be open-minded about their first job throughout their fieldwork experiences. Students who wish to specialize in mental health practice or who have received mental health job offers report pressure from occupational therapists who work in physical disabilities not to accept the offers. Because so many physical disability fieldwork sites now require that they be the second or final fieldwork experience, students are usually making their first job decisions during the physical disabilities fieldwork experience. We know that fieldwork experience does influence which jobs students take (Christie, Joyce, & Moeller, 1985).

"You Will Have More Respect and Earn More Money If You Work in Physical Disabilities"

Occupational therapists who practice in physical disabilities generally make...
more money than their counterparts who work in mental health (American Occupational Therapy Association, [AOTA], 1990). This discrepancy is generally due to societal values and therefore to current reimbursement realities in mental health. Occupational therapists who work in mental health are beginning to address lacking reimbursement through measurable outcome studies, but this is only the beginning effort.

Respect is a relative term that each occupational therapist must define for himself or herself. My clinical work has concentrated on working with people with chronic schizophrenia and other psychiatric disorders. I was never offered retention or incentive bonuses as rewards; however, I always believed that I was highly valued by my peers and my patients. For me this was respect.

Another factor influencing the choice of practice area is the huge changes in salaries and benefits led by for-profit occupational therapy corporations and traveling therapist companies. These companies are attracting occupational therapists away from all specialty areas with promises of substantial pay raises and large benefit packages. Mental health employers are powerless against these corporations.

What Can Be Done to Address These Problems?

As occupational therapists, we must work together to stop the extinction of mental health practice. This is no longer only a mental health practice problem. Part of the strategic plan of AOTA is to increase the number of occupational therapists working in mental health. However, the lack of occupational therapists in mental health practice must be addressed on a grassroots level in all occupational therapy clinics. As a mental health occupational therapist, I am suggesting that my peers in physical disabilities and other specialties can help save mental health practice from an early demise by following six simple guidelines:

1. Help your peers and students see the mental health therapy they provide in their daily physical disability treatment.
2. Acknowledge publicly that mental health treatment is an important part of all occupational therapy treatment.
3. When peers or students have an interest in working in a mental health program, support and encourage them to try it out.
4. When offering advice to peers and students about mental health occupational therapy, acknowledge your own biases. Students are often influenced by the values and beliefs of their supervisors.
5. If you work in an institution that has separate physical disability and mental health occupational therapy departments, make an effort to get to know each other. Staff members of occupational therapy departments that serve both physical disability and mental health programs from one department have great knowledge and respect for one another.
6. Support alternative models for mental health fieldwork in your setting. Ask your academic fieldwork coordinators to consider your site for part or all of a mental health experience.

We can come together to act, as peers and professionals in occupational therapy, so that mental health practice can grow and thrive. We can retain our heritage and avoid becoming a profession that superficially looks like the top half of physical therapy. ▲

References


THE ISSUE IS provides a forum for debate and discussion of occupational therapy issues and related topics. The Contributing Editor of this section, Julia Van Deusen, strives to have both sides of an issue addressed. Readers are encouraged to submit manuscripts discussing opposite points of view or new topics. All manuscripts are subject to peer review. Submit three copies to Elaine Visellear, Editor.

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