Therapists with the assumption that they are knowledgeable in the treatment of this population, they are often limited to hiring graduates without experience to fill their funding requirements.

As an educator and a former academic educator, we recognize the difficulties of teaching a clinical profession in an academic setting. It is imperative that we require students wishing to treat a specific population to gain clinical experience in this area before they can be hired. It appears irresponsible to allow a student with one course in pediatrics and without awareness of the depth of skills he or she is lacking to treat a child with disabilities. Parents would have no way of knowing that the therapist treating their children had no hands-on experience and only limited supervisory experience. If occupational therapy standards for areas like pediatrics decline, the quality of our profession will be directed as well as the opinion of other professionals toward us whose standards of educational requirements are higher.

Lillian Kaplan, OTR
Gita Porway, MA, OTR
Brooklyn, New York

Author's Response

In response to Bette Bonder's article, "Occupational Therapy in Mental Health: Crisis or Opportunity?" which appeared in the August 1987 issue of the journal (pp. 495-499), we take exception to the strategy that advocates relinquishing the mental health area of practice that was most stressed by AOTA in its formative years and that remains a primary area of concern.

The mental health field is plagued by misunderstanding, the chronicity of the illnesses dealt with, the inability of patients to pay for treatment, and low salaries for mental health professionals which are compounded by inadequate government support and insurance coverage.

The plan to reduce beds in state hospitals has shifted the emphasis from treatment in large centralized residential state-funded institutions to smaller, diverse, locally funded centers with housing dispersed about the community. As patients left the large state hospitals to connect with community mental health systems, positions ideally suited for occupational therapists were filled by others with less training who were willing to accept the responsibility for developing new programs for less pay. Potential positions for occupational therapists were lost. It is now up to us to regain those positions and upgrade them to our professional standards.

Most of the general public has no idea what occupational therapy is, and the situation is only slightly better within the medical professions. Among occupational therapists there is animosity between those working with physical disabilities and those working in mental health that dates back to the 1960s when the use of crafts as a treatment medium came to be considered almost an act of heresy because some felt their use damaged the image of the profession.

Steps toward solutions of the problems are as follows:

1. A united stand within the profession about treatment approaches.
2. Increased research into and publication of benefits of occupational therapy in mental health.
3. Education of medical professionals at all levels from the local hospitals to the American Medical Association.
4. Education of the general public to make occupational therapy a household expression.
5. Education of legislators about occupational therapy and its benefits and importance in mental health.

Bette R. Bonder, PhD, OTR, FAOTA
Highland Heights, Ohio