We reviewed the mental health articles published in the *American Journal of Occupational Therapy* (AJOT) from 2008 through 2009 in light of meeting the Centennial Vision charge of supporting practice through evidence. Seven articles that addressed mental health practice were published in AJOT over these years. Review of the articles found that only two addressed effectiveness of occupational therapy intervention; one was rated as Level II evidence, and the other was rated as Level V evidence. Two articles addressed instrument development and testing. Three articles were basic research studies that expanded consideration about the needs of people with mental health conditions. Scholars and clinicians have begun to embrace the charge of the Centennial Vision to support practice with evidence and continue to embrace mental health practice but have a distance to travel. We hope that in the coming years, the profession will see more evidence published in AJOT supporting mental health as practiced by occupational therapists.


Mental health practice is inextricably linked with the history of occupational therapy from its founding through the early 1980s. At one time, mental health was a primary area of practice for occupational therapists and constituted a significant portion of our education and training. Changes in reimbursement, education, treatment, and treatment environments, among other forces, led to a decline in mental health practice and ultimately to a debate in the early 1990s by U.S. occupational therapists concerning whether mental health practice should remain within the scope of practice (Buckner, 1991; Fine, 1991; Haiman, 1991; Haiman, Greene, Tomlinson, & Walens, 1991; Joe, 1993; Prendergast, 1991; Schwartzberg, 1991). Although mental health practice was not abandoned by the profession, the number of practitioners in this area declined in the United States. Mental health practice was not without its advocates. On the charge of the American Occupational Therapy Association’s [AOTA’s] Representative Assembly, President, and Board of Directors, members of the Mental Health Special Interest Section and AOTA Mental Health Practice Committee took up the cause by exploring mental health practice and mental health systems throughout the United States (AOTA Workgroup on Occupational Therapy in Mental Health Systems, 2005; AOTA President’s Ad Hoc Committee, 2006).

Reports to the AOTA Board of Directors by the ad hoc committees on occupational therapy in mental health systems (AOTA Workgroup on Occupational Therapy in Mental Health Systems, 2005) and mental health (AOTA President’s Ad Hoc Committee, 2006) found that there was a paucity of occupational therapists working in the mental health practice arena and that, as a profession, occupational therapists in the United States had not kept pace with other mental health professionals nor their occupational therapy peers in other English-speaking countries. Occupational therapists in the United States have not operationalized and developed outcome measures examining intervention intended to support community reintegration and sustained community living as processes of the recovery
model as has been done in other countries; nor have they consistently incorporated literature and evidence from outside the profession (Gibson, Jaffe, D’Amico, & Arbesman, in press). Occupational therapy education programs have consistently provided limited scope of practice related to mental health and current societal needs (AOTA President’s Ad Hoc Committee, 2006). Approximately 7.8% of occupational therapy practitioners identified behavioral health as their practice area in 2006 (Claire Foster, personal communication, July 6, 2009). Fleming-Cottrell (2007) noted that although occupational therapists met the description of mental health practitioners identified by the New Freedom Commission on Mental Health (2003), many states did not recognize occupational therapists as qualified mental health providers. According to AOTA reports, many states do not recognize occupational therapists because of limited identification of educational content and certification specific to mental health despite the definition and skills of occupational therapists (AOTA Workgroup on Occupational Therapy in Mental Health Systems 2005; AOTA President’s Ad Hoc Committee 2006).

AOTA has several projects designed to examine and strengthen the mental health practice area; evaluating mental health research is one of these many efforts (AOTA, 2009; Gibson et al., n.d.; Scheinholtz, 2010; Willmarth & Nanof, 2007). It is within this framework that the editor of the American Journal of Occupational Therapy (AJOT), Sharon A. Gutman, has initiated an effort to examine the journal’s publications over the past 2 years, 2008 and 2009, in relation to the Centennial Vision. Contained within the Centennial Vision is a call to support and enhance existing practice areas while embracing new and emerging practice areas to meet society’s needs. The Centennial Vision provides a blueprint to carry out the mission and vision of AOTA by calling on its members to promote research that supports the effectiveness of occupational therapy services.

Achieving this vision begins with evaluating our current state relative to these goals and plotting a course that will enable us to fully realize the objectives of the Centennial Vision. As such, Gutman has initiated a reflective process of the current state of AJOT as a way to plot a future course consistent with the Centennial Vision (Gutman, 2009). This article reviews all of the mental health research published in AJOT during the years 2008 to 2009 to assess how well the journal is meeting the Centennial Vision in mental health practice.

Statement of Charge

The Centennial Vision challenged the profession to produce research that demonstrates the effectiveness of occupational therapy in six broad areas of practice: (1) children and youth; (2) productive aging; (3) mental health; (4) health and wellness; (5) work and industry; and (6) rehabilitation, disability, and participation (AOTA, 2007; Baum, 2006). The research undertaken should provide the highest benefits to society and the profession. These types of research should include (1) effectiveness studies supporting practice, (2) instrument testing to establish reliability and validity for occupational therapy assessments, (3) correlational and descriptive studies that demonstrate linkages between occupational engagement and health, (4) studies that answer important questions about topics related to the direction of the profession’s growth, and (5) basic research studies that provide information about disabilities and the impact on functional participation (Gutman, 2008).

Method

Gutman screened all research articles published or accepted for publication in AJOT during the years 2008 and 2009; seven articles were identified that related to mental health practice. This number represented approximately 3.9% of all research articles published in AJOT during that 2-yr period. We read, reviewed, and discussed all articles. (We all have broad experience in mental health occupational therapy and evidence-based practice.) Articles were initially evaluated by criteria provided by Gutman and summarized in Tables 1 and 2. All articles were categorized according to research levels based on the AOTA Evidence-Based Literature Review Project Levels of Evidence Rating System (Table 3; Gutman, 2008; Lieberman & Scheer, 2002). The articles are organized and discussed as follows in the categories set out in the Centennial Vision.

Results

Effectiveness Studies

Two of the seven articles addressed effectiveness of occupational therapy intervention in mental health practice (Chan, Tsang, & Li, 2009; Gutman, Kerner, Zombek, Dulek, & Ramsey, 2009). The study by Gutman et al. (2009) used a quasi-

Table 1. Summary List of Studies

<table>
<thead>
<tr>
<th>Author/Year</th>
<th>Systematic/Narrative Review</th>
<th>Effectiveness Study</th>
<th>Efficacy Study</th>
<th>Instrument Development and Testing</th>
<th>Link Between Occupational Engagement and Health</th>
<th>Quantitative, Qualitative, Mixed Method</th>
<th>Level of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chan, Tsang, &amp; Li (2009)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mixed Methods</td>
<td>Level V</td>
</tr>
<tr>
<td>Gutman, Kerner, Zombek, Dulek, &amp; Ramsey (2009)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mixed Methods</td>
<td>Level II</td>
</tr>
<tr>
<td>Magasi &amp; Hammel (2009)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Qualitative</td>
<td></td>
</tr>
<tr>
<td>Mann et al. (2008)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Quantitative</td>
<td></td>
</tr>
<tr>
<td>Quake-Rapp, Miller, Ananthan, &amp; Chiu (2008)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Quantitative</td>
<td></td>
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<tr>
<td>Rieke &amp; Anderson (2009)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Quantitative</td>
<td></td>
</tr>
<tr>
<td>Zimolag &amp; Krupa (2009)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Mixed Methods</td>
<td></td>
</tr>
<tr>
<td>Author/Year</td>
<td>Study Objectives</td>
<td>Level/Design/Participants</td>
<td>Intervention and Outcome Measures</td>
<td>Results</td>
<td>Study Limitations</td>
<td></td>
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<tr>
<td>Chan, Tsang, &amp; Li (2009)</td>
<td>To illustrate the implementation and outcomes of an integrated supported employment program for an individual with severe mental illness.</td>
<td>Level V Case report 41-yr-old woman (highly educated; middle-income family) with depression since 1990; who hoped to get a clerical job.</td>
<td>Assessment Vocational Social Skills Scale, the Chinese Job Stress Coping Scale, the Personal Well-Being Index, and the Chinese General Self-Efficacy Scale  Score comparison of initial pretreatment assessment with reassessment on all scales at the 3rd, 7th, 11th, and 15th mo of the client's integrated supported employment program  Improved social competence after 10 sessions of the work-related social skills training as indicated by scores on the Vocational Social Skills Scale and role playing.  Client's scores increased from pretreatment assessment to all subsequent measures at the 3rd, 7th, 11th, and 15th mo.  Client maintained employment for 8 mo status post discharge from the treatment program.</td>
<td>Case study results are not generalizable.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gutman, Kerner, Zombek, Dulek, &amp; Ramsey (2009)</td>
<td>To assess the effectiveness of a supported education program for adults with psychiatric disabilities</td>
<td>Level II Quasi-experimental 2-group control Participants were recruited from 3 mental health sites accessible to program.</td>
<td>Supported education through Bridge Program at a University vs. treatment-as-usual group at a mental health facility, for 6-wk period.  No statistically significant differences between groups on demographic variables and pretests; statistically significant differences between groups on posttest scores.  Statistically significant differences between pretest and posttest scores for all modules in the supported education program.  Factors that correlated with success in the program were identified.</td>
<td>No statistically significant differences between groups on demographic variables and pretests; statistically significant differences between groups on posttest scores.  Statistically significant differences between pretest and posttest scores for all modules in the supported education program.  Factors that correlated with success in the program were identified.</td>
<td>Small sample size; assessments were specific to the supported education program; lack of validity and reliability data for the 12 pretests and posttests related to the 12 academic-supported education modules; limited longitudinal data because this was collected at 1 and 6 mo only.</td>
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</table>
Inclusion
Diagnosis of psychiatric disabilities, age 19–55, ≥18 yr, own legal guardian, cognitively able to weigh study risks and benefits, receiving medication management, demonstrate interest in pursuing further education, commit to attend all sessions, function adequately in most daily living activities, ready to begin greater community participation, and have a minimum of 10th-grade reading and writing per Wide Range Achievement Test.

Exclusion
Lack of fluency in English, possession of an active substance abuse disorder.

Magasi & Hammel (2009) To explore the perceptions of the lived experiences of women with disabilities living in a nursing home.

Qualitative
Self-selected group of people invited because they were participants in a larger study
6 women with disabilities ages 38–59 yr with stays in a nursing home
13 significant others identified by the participants

Interview and focus group
NA

Legacy of nursing home and social justice issues emerged as defining influences in the lives of the women.
5 themes:
1. Lived experience of nursing home
2. Social support and influence on transitions
3. Social control and surveillance
4. Political economy of nursing home
5. Strategies of resistance.

The study claims to be an ethnography yet does not report participant observations.
Report application to health care providers not grounded in the research data.

Mann et al. (2008) To explore how functional status, impairment level, and use of assistive devices change for adults with depressive symptoms over a 3-yr period. Explored factors that may

Descriptive observational
A subset of participants from a larger study selected for trait of depression. Selection for the larger study not reported

4 domains measured:
1. Depressive symptoms—CES–D

Change over 3 yr measured.
Functional status by FIM changed little in 3 yr.
Divided group by follow-up depression scores; these groups differed significantly at first measurement for marriage and depression.
Table 2. Summary of Evidence From Studies in Mental Health Occupational Therapy (cont.)

<table>
<thead>
<tr>
<th>Author/Year</th>
<th>Study Objectives</th>
<th>Level/Design/Participants</th>
<th>Intervention and Outcome Measures</th>
<th>Results</th>
<th>Study Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quake-Rapp, Miller, Ananthan, &amp; Chiu (2008)</td>
<td>To identify the incidence of maladaptive behavior in youths enrolled in community living and support training programs to develop effective strategies for group participation.</td>
<td>Methodological descriptive Convenience Convenience N = 30 youths ages 10–17 years; 6 girls, 24 boys enrolled in community mental health services with severe behaviors and multiple diagnoses (grouped: same size, age, diagnostic category) No other inclusion or exclusion criteria</td>
<td>Author developed observational checklist; partial-interval recording over three conditions: art group, bowling, field trips. Intraclass correlation coefficients</td>
<td>Interrater reliability higher for off-task noncompliance and behaviors (.83–.89); lower for less frequent behaviors (violent episodes, sexual inappropriateness) (.66–.68)</td>
<td>Pilot study: small sample Complexity of research aim led to reader confusion: simultaneous observation and comments on behaviors and reliability of assessment method</td>
</tr>
<tr>
<td>Rieke &amp; Anderson (2009)</td>
<td>To explore whether and how the sensory processing of adults with OCD differs from the general population using Dunn’s (1997, 2001) model of sensory processing and to evaluate the discriminant validity of the AASP</td>
<td>Descriptive methodological Convenience from multiple OCD support groups N = 51 adults ages 18–62; formal diagnosis (41) of OCD or nonclinical OCD (10); 12 = men; 39 = women; 35 AASP t-tests</td>
<td>OCD group had significantly higher scores for low registration, sensory sensitivity, and sensory avoiding and lower scores for sensory seeking.</td>
<td>Confounding of results because of comorbid conditions likely; limitation of AASP to differentiate between motivation behind behavioral preferences (sensation or beliefs); sample selection bias;</td>
<td>No psychometric data on assistive technology survey. Did not come to any conclusion.</td>
</tr>
</tbody>
</table>
Zimolag & Krupa (2009) To compare characteristics and motivations of pet owners and non pet owners with serious mental illness and examine the relationship between pet ownership and engagement in meaningful activity and three dimensions of community integration

<table>
<thead>
<tr>
<th>Instruments</th>
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<tr>
<td>GAF, EMAS, SCIS, PCIS</td>
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</table>

No intervention
Nonparametric Mann–Whitney U test; $\chi^2$ effect size

166 of 204 clients were non–pet owners; 38 were pet owners; only 20 pet owners and 40 non–pet owners completed survey.

No differences noted regarding clinical or sociodemographic characteristics between groups recorded by ACT staff.

GAF scores between groups indicated significant differences, with pet owners having higher function.

Self-Reports: Men less likely to own pets than women. Motivations for pet and non–pet ownership listed. Higher EMAS for pet owners. No significance for physical community integration. Social integration and PCIS moved in a positive direction for pet owners.

Note. AASP = Adolescent/Adult Sensory Profiles; ACT = Assertive Community Treatment; CAS = Consumer Assessment Study; CES–D = Center for Epidemiological Studies Depression Scale; EMAS = Engagement in Meaningful Activities Scale; GAF = Global Assessment of Functioning; ISE = Integrated Supported Employment; MMSE = Mini-Mental State Exam; NA = not applicable; OCD = obsessive–compulsive disorder; OARS = Older American Resources and Services; PCIS = Psychological Community Integration Scale; SCIS = Social Community Integration Scale; SIP = Sickness Impact Profile.

Small sample; bias in favor of pet owners returning the survey; case managers aware of the study, which may have affected GAF ratings; data collected at only 1 point in time. Nonexperimental design limits interpretation of findings as caused directly by pet ownership.

Limited collection of demographic information.
experimental pretest–posttest design with random assignment to an experimental and control group to examine the effectiveness of supported education for adults with psychiatric disabilities compared with treatment as usual from the clients’ home mental health facility. Quantitative and qualitative data were collected at preprogram and postprogram points and follow-ups of 1 and 6 mo, addressing targeted behaviors, skills, and outcomes of study participants. As a result of its design, this study achieved a ranking as Level II evidence. The findings demonstrated the efficacy of providing skills training directly related to the participants’ identified roles of student or worker. Such skills included reading, studying, time management, math and writing skills, computer and Internet skills, library skills, public speaking, stress management, and professional behaviors and social skills. This study also measured occupational therapy students’ comfort level working with clients with mental illness. Results indicated that students’ comfort level with clients increased from the first session to the final session 6 wk later.

Chan and colleagues (2009) presented a case report that discussed the benefits of their integrated supported employment treatment program for an individual with severe mental illness. They found that this person used learned skills with support and sustained employment for significantly longer duration than any of the individual’s previous employment efforts. A case report is considered Level V evidence by AOTA because of its descriptive nature and limited generalizability.

**Instrument Testing to Establish Reliability and Validity for Occupational Therapy Assessments**

Two articles (Rieke & Anderson, 2009; Quake-Rapp, Miller, Ananthan, & Chiu, 2008) focused on methodological research that was descriptive in nature and addressed the use and development of assessment tools. Rieke and Anderson (2009) sought to establish the discriminant validity of an assessment tool to measure sensory processing of people with obsessive–compulsive disorder (OCD). The scores of the sample with OCD were compared with the adult age standardization group scores. They found that people with OCD scored differently from the standardization tables in the Adolescent/Adult Sensory Profiles manual, but the study did not demonstrate whether this finding has clinical significance.

Quake-Rapp and colleagues (2008) discussed the development, use, and validity of a behavioral observation assessment used with people with severe mental illness across activities in natural environments. The purpose of the study was to identify the incidence of maladaptive behavior in youths in a community support training program. The authors used a single cohort of 30 adolescents with four trained observers collecting data. Although the authors targeted measuring adolescent behavior as the purpose of the study, this article primarily described the data collection method and the interrater reliability of the trained observers’ use of the tool developed to collect the data. The authors found that trained observers achieved high interrater reliability using partial-interval time sampling for high-frequency maladaptive behaviors related to compliance and tasks but had inconsistencies and lower reliability for recording of less frequent behaviors of violent episodes and sexual inappropriateness. Quake-Rapp and colleagues discussed the need for valid and reliable occupation-based behavioral observations for assessment across settings with the ability of recording direct observations of behavior for assessment and reevaluation purposes.

**Basic Research: Correlation and Descriptive Studies**

Three studies (Magasi & Hammel, 2009; Mann et al., 2008; Zimolag & Krupa, 2009) contributed to basic research by providing descriptions of populations and population needs for wellness and community participation. The study conducted by Magasi and Hammel (2009) was identified as a qualitative study through its methodology and outcomes and so did not receive an evidence rating in accordance with the evidence table used for this review. Zimolag and Krupa (2009) and Mann et al. (2008) were identified as descriptive studies that did not measure intervention outcomes and did not receive evidence ratings.

Magasi and Hammel (2009) conducted an ethnographic study of women with disabilities with secondary diagnoses of a mental illness, ages 38–59 living in nursing homes. They identified five themes related to social justice, social support, personal control, political economy, and strategies of resistance connected to these women’s lived experiences of the nursing home environment. They concluded that it was important for occupational therapists to be advocates and liaisons of infusing nursing homes with occupation and choice and providing awareness of legislation regarding least restrictive environments and a range of community living options by providing information to clients and families.

Mann et al. (2008) conducted a post hoc review of data accrued from a larger 3-yr study that described an elderly population (≥ age 60) with depression with demographic data regarding marital status, ability and disability, and use of assistive technology. This observational descriptive study found that the severity of depression decreased over 3 yr despite increased physical disability with no causal relationship.
identified. The authors also found that elderly people increased acquisition of assistive devices as they aged and suggested that future research, through a larger study, should investigate whether depression and use of assistive devices were correlated.

Zimolag and Krupa (2009) conducted a descriptive study using survey data related to pet ownership by people with chronic mental illness. They found that people with chronic mental illness who owned and cared for pets had better perceptions of their social and psychological community integration than nonpet owners. No differences for physical community integration were noted between pet and nonpet owners with chronic mental illness.

**Studies That Demonstrate Linkages Between Occupational Engagement and Health**

None of the reviewed articles effectively evaluated the links between occupational engagement, participation, and health factors. Although the study by Mann et al. (2008) attempted to do so, the clarity of relationship among health variables was confounded by the multitude of variables mined for possibilities. Zimolag and Krupa (2009) attempted to relate pet ownership with increased community integration and personal well-being, with mixed results. Clients with pets tended to have higher Global Assessment of Functioning Scale scores and perceived well-being, but there was no difference in community integration between pet owners and non–pet owners with mental illness. The articles by Gutman et al. (2009) and Chan et al. (2009) supported occupational participation and role development in the contexts of work and education; however, they did not examine specific health factors in relationship to occupational engagement. Magasi and Hammel (2009), while exploring perceptions of six women with disabilities living in nursing homes, did not link health factors with occupational engagement but elicited further information related to social support and occupational justice. These studies demonstrated the benefits of engagement in educational, work, social, pet care, and daily living occupations to perceptions of wellness and community integration of clients as well as the effects of hospitalization on loss of occupations and engagement.

**Discussion**

*Meeting the Challenge of the Centennial Vision for Mental Health Practice*

The number of published articles addressing mental health practice was very limited. The level of research evidence, with one exception, would also be considered weak, and there was only a limited direct relationship or relevance between the research described and clinical practice with clients with mental illness. No efficacy studies or systematic reviews regarding occupational therapy and mental health were published in *AJOT* during this time. The limited number of articles published reflects the current dearth of mental health evidence supporting practice published in *AJOT*.

Self-reflection is often a challenging and difficult task. In mental health practice, we often ask our clients and patients to reflect on their behavior to determine their priorities, make behavioral changes, or simply attend to the feedback that surrounds them. In a similar way, the editor of *AJOT* has provided us with a moment for self-reflection and the opportunity to examine the research generated by occupational therapy scholars and published in the national association’s journal.

We cannot overinterpret the finding that only 3.9% (seven articles) of all the articles published in *AJOT* during 2008–2009 addressed mental health practice. We have only the results and not an explanation as to why there were not more articles. There are probably many reasons for this low number, such as limited number of submissions; alternative opportunities to publish in journals with a wider, more diverse readership; or differing editorial standards. Regardless of the explanation, this finding reflects the great need for additional effort on the part of researchers and clinicians practicing in mental health to address questions and provide evidence that the successful participation in occupation is an important component of maintaining mental health and a means to regain function after an exacerbation of a mental illness. If, as stated in the Centennial Vision, we, as a profession, are going to reclaim the practice area of mental health, we must provide high-quality evidence that demonstrates the effectiveness and importance of occupational therapy interventions. A representative part of this research should be found in our national journal. A national association’s journal is considered its flagship journal, with its best evidence reviewed and published. Health professionals and occupational therapists should desire to subscribe to the journal for evidence related to occupational therapy, its research, and decision choices for client care.

The nature of the research reviewed in this article suggests the great distance we must travel if we are to achieve the goals of the Centennial Vision. More important, only one article in this review focused on the use or acquisition of occupations or functional skills by people with mental illness (Gutman et al., 2009). The remaining studies were only tangentially related to mental health practice, often solely because people with a mental health diagnosis were included in the study. Moreover, the research reviewed for this article does not address ways to support or change occupational performance or the importance of an occupational therapy perspective.

Another important point to consider is the strength of the evidence generated. The article by Gutman and colleagues (2009) was the only study to achieve an evidence rating of Level II. The other effectiveness study was a case report that qualifies for an evidence rating at Level V, which is considered a very low level of evidence. Five of the seven articles, one of which was a qualitative study, did not achieve an evidence rating. Although the studies were descriptive and contribute to developing questions for future research, they were not studies of efficacy or effectiveness of occupational therapy interventions and, as such, provide little support for the benefits from occupational therapy. Most systematic reviews would not generally include evidence at this level because of its limited ability to provide support for decision making. Likewise, the studies...
provide limited support for the effectiveness of occupational therapy mental health practice.

Note that the goal of this review is not to disparage the limited evidence that has been produced but rather to answer the question, “What is the state of affairs regarding research published in AJOT relative to the Centennial Vision and mental health practice?” On the basis of the evidence available, we must conclude that with AJOT’s current publication record, we may not be achieving the goals set out in the Centennial Vision.

Occupational therapy research in mental health is being produced by occupational therapists in countries around the world, including Canada, Australia, Spain, Korea, Britain, and China. It is also being published in journals specific to mental health, such as Occupational Therapy in Mental Health and Psychiatric Rehabilitation Journal. A growing body of research supports treatment interventions within the scope of mental health occupational therapy practice as discussed in the Occupational Therapy Practice Framework (AOTA, 2008; Gibson et al., in press). However, this research is being carried out by mental health professionals other than occupational therapists. Occasionally, such studies will define or view occupational therapy in a way that is reflective of practice from more than 30 years ago (Anzai et al., 2002; Kopelowicz, Liberman, Wallace, Aguirre, & Mintz, 2006; Liberman et al., 1998). The view of psychosocial occupational therapy as only traditional arts and crafts activities is very limiting and not representative of current practice (Chan, Lee, & Chan, 2007; Hayes, Halford, & Varghese, 1992). This view can be addressed only when we as occupational therapists assume the responsibility for defining occupational therapy and demonstrating its effectiveness through research.

Directions for Future Research

Any expectation for future research in the mental health practice arena must be linked with the policies of occupational therapy practice and education and individual behavior. We cannot expect therapists to practice in mental health without concerted efforts to recruit and train people interested in this practice area. Our education programs cannot erode, dilute, or disparage mental health education and must strengthen the research training of our students. Simultaneously, because AOTA once supported licensure across the 50 states, it is necessary that it actively support the designation of occupational therapists as qualified mental health practitioners. It is important that we, as members of the association, band together with all our numbers to orchestrate efforts state by state if not nationally to once again gain recognition as licensed professionals who provide beneficial services to clients with mental illness. In concert, we need to let reimbursers and policymakers know that we are well trained and provide cost-effective, efficacious interventions to address the issues of mental health related to illness, growth and development, life transitions, wellness, aging, and all aspects of promoting a healthy society.

Practitioners also have responsibilities. We must ask questions about our practice, seek evidence, and create treatment programs based on that evidence. We must contribute to research, and when we do, we must see that occupational therapy is represented appropriately. Finally, we must see ourselves as researchers and clinicians. It is important for those of us in daily contact with clients to develop research agendas and to determine what aspects of practice we can support through our questioning and demand for evidence.

Although occupational therapy research is lacking in all areas, the two major research gaps in mental health practice are occupational therapy intervention effectiveness and efficacy. Intervention effectiveness and efficacy are most important because these are the areas that reimburse sources and policymakers look at for allocating funds. Parity and access to care are still impediments for clients with mental illness. Only those services that are efficacious and effective for promoting improved health and community reintegration will warrant reimbursement, because accountability now relates to outcomes. All occupational therapy practitioners, clinicians, researchers, and educators need to collaborate and talk to generate research questions and best methods for data collection and analysis. These questions may focus on evaluating program outcomes relative to time, intensity, and quality of intervention methods, or we may want to consider the evaluation tools used and whether these tools are the best methods of measurement for our clients’ performance and our intervention programs. Along with evaluating mental health practice in typical mental health contexts, we need to remember that mental health remains part of our holistic practice philosophy regardless of clients’ diagnoses and investigate the mental health aspects of occupational therapy intervention in all contexts. It is essential that we support each other in these processes.

In conclusion, we thank and commend the seven groups of authors for their research and professional commitment to the sharing of their mental health knowledge and practice and meeting the charge of the Centennial Vision. We are encouraged that occupational therapists have taken up the gauntlet and are venturing into the realm of research in support of practice. Finally, we have hope that all of us will take up the professional responsibility by answering the call to evaluate and evolve occupational therapy practice powerfully, artfully, compassionately, scientifically, and with evidence.

References


American Occupational Therapy Association President’s Ad Hoc Committee on Mental Health Practice in Occupational Therapy. (2006, December 18). Discussion and


