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Occupational Therapists' Perspectives on Working in Mental Health Roles

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Honors Manuscript

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Introduction

Mental health is an area where occupational therapists are often left out despite the impact they can have in this area. There has been a clear shift in roles throughout history in occupational therapists' involvement in mental health. This ever-changing view of the profession has created role disparity within the field (Knott & Bannigan, 2013). Across the board, regardless of country, the current problem that occupational therapists in the mental health field face is understanding their role and being able to advocate for it (Henderson et al., 2015). As a result, occupational therapy is underutilized in mental health (Henderson et al., 2015). In the United States, only about 2% of occupational therapists work in mental health roles (Lyon, 2020). While the literature covers many of the barriers to practice, there is a gap in understanding this from the occupational therapists' perspectives. By gaining a better understanding of why occupational therapists are continuing to pursue this role, it will be easier to create an environment to get more occupational therapists working in mental health.

Literature Review

Early Age of Occupational Therapy

The evolution of mental health care and treatment has developed greatly worldwide, with unique catalysts prompting new treatment in different countries. The encompassment of occupational therapy into the mental health spectrum has evolved and changed throughout the decades while likewise has transitioned into its role as time has progressed. This development looks different in each country and creates a unique understanding of the role of occupational therapy in mental health.

United States

Moral treatment was the pivotal point in the United States when it came to mental health treatment. Up until the point of incorporation of the moral treatment, people with mental disorders were labeled as "insane" and were thought not to be capable of reason, therefore they were treated with inhumane measures. One of the first recorded instances of moral treatment was the 'Friends Asylum' established by the Quakers in 1817 (Peloquin, 1989). Private institutions like the Friends Asylum were set up to catch the public's attention in an attempt to negate the negative stereotype of European "madhouses." While these first asylums marked a transition in care, they mainly served upper and middle class people, leaving the poor to local jails and poorhouses (Peloquin, 1989). The idea that the poor did not deserve treatment and compassion was seen in this exclusion. As asylums began to incorporate occupation into the treatment for their patients, they saw the benefit of an activity to hold a person's attention and enhance a skill. Patients that were seen as curable were engaged in occupations such as reading, writing, drawing, music, and mainly recreational and leisure activities. Those who were viewed as incurable were guided through manual labor as it was believed it would preserve any aspect of respectability and mind they had left. Early success was seen with the attentiveness of doctors and high recovery rates (Peloquin, 1989). This is clouded, however, by the fact that these asylums excluded a large population of mentally ill that were going untreated. The demise of moral treatment came when there was a push in the desire for treatment of all people, not just those who could afford it. When the poor were introduced into asylums, the transition was rushed and overcrowding ensued. With a lack of resources, moral treatment began to fall as restraints were reinstated and the focus shifted from kindness to obedience (Peloquin, 1989). Poor patients were thought to be incurable, meaning they got less attention and care, thus limited

improvement was shown, creating a vicious cycle that ultimately minimized treatment for the poor. While the moral treatment was ultimately short lived, this was an important step in introducing occupation into intervention and was a part of the progression to present day mental healthcare.

With the opening of Henry B. Favill's School of Occupations, this marked the beginning of occupational therapy schools in the United States (Reed, 2019). Henry Favill's dream was to set up a school for the mentally and physically handicapped to promote rehabilitation and independence. This dream was brought to life through the help of Eleanor Slagle, who was working for the Illinois Society for Mental Hygiene in Chicago before the progression of occupational therapy existed (Reed, 2019). The Henry B. Favill's School of Occupations consisted of "work-rooms for the handicapped," which were large rooms for a range of patients to complete different occupations. The school fostered patients with mental and physical cases in order to train and give them employment skills with supervision. The products and items that were made by the patients were sold at shops at the Illinois Society for Mental Hygiene, providing a source of income for the patients (Reed, 2019). This provided the patients with a way to support themselves and further incorporate them into society.

In addition to the School of Occupations for the handicapped, occupational training courses were offered to instruct future occupational therapists. Nearly 50 students were trained during this time (Reed, 2019). Based on the curriculum from the Henry Favill School, the Illinois Department of Public Welfare established an occupational therapy department that began classes in September of 1918 (Reed, 2019). An extremely influential part of shaping and creating occupational therapy was Eleanor Clark Slagle. She not only helped to kickstart Henry Favill's dream, but she kept it alive once he had passed away. She was an integral part of teaching and

training new occupational therapists, even expanding her teaching to Canada as she was requested due to a lack of therapists.

A 1985 paper examining the role of occupational therapists working in mental health at that time discussed the indirect services that occupational therapists perform, many of which are consistent with the roles and values seen today (Evans). The article discussed the need for occupational therapists to fulfill administrative, educational, and consultative responsibilities to their clients (Evans, 1985). In these tasks, occupational therapists are seen helping to develop services for the department, supervising students, writing policies, leading educational activities, consulting at hospital, nursing homes, and community services as well as much more (Evans, 1985). These extended roles are consistent with the current depth and breadth of the occupational therapists' role and mirror the expansion of the current mental health roles into more non-traditional posts.

Canada

Conversely, Canada has a different history regarding mental health treatment and occupational therapy. While Canada was heavily influenced by European and American ideologies about mental health, asylums began sprouting throughout Canada during the mid to late 1800s, as people with mental illness were being seen as people instead of monsters and the call for proper treatment was being heard (Sedgwick et al., 2007). Similarly to the moral treatment, occupational engagement was being introduced as part of treatment (Sedgwick et al., 2007). In 1918, a six-week occupational therapy course was established at the University of Toronto and in 1925 this was grown into a two-year program as there was a pressing need for occupational therapists (Sedgwick et al., 2007). Starting in 1928, occupational therapists were

being placed in mental hospitals throughout the country. This was a major step in mental health treatment and care.

The literature shows four themes at the hospitals during this time in regards to occupational therapy and mental health, that idle hands lead to emotional distress and unrest, a grand vision of the practice, a disparity between the theory and practice, and working to understand occupation (Sedgwick et al., 2007). It was believed that a lack of occupation was what was leading to mental illness and this mental unrest could be spread through society. This is where occupational therapists came in and provided treatment, because there was a push for this following World War I. There was an increase in patients that required occupational therapy and it was no longer acceptable to simply view them as nonfunctional, but rather interventions needed to take place.

Next, there seems to be a theme of a 'grand vision' within the occupational therapy community as it was believed that there was a link between physical, social, and mental health and occupational therapists were expanding to fit this role of treatment (Sedgwick et al., 2007). Occupational therapy was proving a two-prong effect from treatment, as engaging in meaningful occupation was shown to help return people to work while also fitting as a preventative strategy, creating less stigma around treatment as the treatment was focused on community orientation and productivity (Sedgwick et al., 2007). At this point, occupational therapy was evolving from just treating wounded soldiers to a profession based in theory that can help a wide variety of people in diverse settings.

While occupational therapy was beginning to be grounded in theory, there was often a disparity between theory and practice, as seen in the third theme. There was tension between theory and implementation of the theory, as there was pressure to achieve quick results in

treatment rather than individualized treatment (Sedgwick et al., 2007). Leaders of the profession were pushing for individualized mental, social, and physical care within the hospitals which was not reflected in everyday practices due to lack of resources. There was also debate between what occupation should mean for each person, ranging from strictly getting a person back to work to building self-confidence, social skills, and sense of self, to just focusing on a person's interest (Sedgwick et al., 2007). This debate created a disparity in treatment between patients as theory was not instituted in all practices.

From this, there was a common theme of understanding occupations and the benefit from each. The occupations varied but a consistency among them were often that they were skills women had available to them from their general domestic roles (Sedgwick et al., 2007). This was a commonality seen among countries, that middle class white women were most likely to become occupational therapists as it was seen as an extension of their domestic role and deemed acceptable (Sedgwick et al., 2007). Many of these themes are reflected in occupational therapy today, particularly the disparity between theory and practice as well as the gender stereotypes seen in the profession.

As a whole, Canada was seen implementing occupational therapy into mental health practice earlier than other countries. There were, however, commonalities between the transition seen here as well as other countries. Mainly, the belief that idle hands lead to emotional distress was a common belief that helped to push the incorporation of occupation-based intervention into mental health care.

England

An important figure in the development of occupational therapy in England was Alice Constance Owens. She worked as the principal of the first School of Occupational Therapy that

was established by Dr. Elizabeth Casson (Tyldesley, 2004). She held this position from 1930 until 1933 when she was given the opportunity to work in the clinical field (Tyldesley, 2004). Thus she became the occupational therapist at Deva County Medical Hospital, working with patients with mental illness, as this was her original objective as a practitioner. Furthermore, Alice Constance Owens was the person who proposed the formation of the Association of Occupational Therapy (AOT) and in turn served on the counsel as the Chairman of the Education and Examination committee upon the creation of the AOT (Tyldesley, 2004). She remained as Chairman from 1935 to 1941, working to make strides in mental health education for occupational therapists (Tyldesley, 2004). Through this position she was able to advocate for mental health treatment and services.

Her importance continued during World War II as she worked with an emergency medical service hospital during the war and eventually took a training position in which she taught a 2 ½ year occupational therapy program (Tyldesley, 2004). At this time, occupational therapy was mainly handiwork and was strictly controlled by the government due to a lack of supplies and resources. Alice Constance Owens believed this was a reason for the lack of the profession developing on a more theoretical basis until later (Tyldesley, 2004). Owens was responsible for setting up the Liverpool School of Occupational Therapy. She continued her advocacy for mental health as she became a member of the Liverpool Regional Hospital Board (Tyldesley, 2004).

Furthermore, Owens promoted international engagement as she encouraged her students to do exchange in the United States as well as was a consultant on many international organizations. She was instrumental in setting up the World Federation of Occupational Therapy as the meeting between countries took place at the Liverpool School of Occupational Therapy

(Tyldesley, 2004). Attendees included Canada, Denmark, England, Scotland, South Africa, Sweden, and the United States with encouragement sent from Australia, India, Israel, and New Zealand (Tyldesley, 2004). This worldwide inclusion was beneficial in creating a unified idea of occupational therapy as well as promoting theory-based intervention strategies.

During the 1930s, occupational therapy was seen to deal with occupations such as utility departments and farming, to help with recreation, and for a social aspect which included visits from friends (Hume, 1992). There was a strong focus on not allowing patients to be idle. The goal of occupational therapy at this time was to get the patients engaged in something rather than to produce something, there was less of a focus on the output but rather the process was more important (Hume, 1992). During this time, there is early recognition of what will later become the Model of Human Occupation as therapists are understanding that intervention not only helps to maintain occupation but there is a need for cooperation from the client (Hume, 1992). Occupational therapists were realizing the importance of needing the client to be involved and care about the treatment for better outcomes. From this, the activities that are picked for patients are more meaningful and reflect many of the considerations and techniques used today. This is especially seen regarding forensic occupational therapy patients that were not meant to be idle and in these instances, unlocked doors, knives, hooks, and scissors were allowed with vigilance (Hume, 1992). This time period marks a change when the mental health community was embraced and mental hygiene was more common to promote community engagement.

Post World Wars was a drastic turning point for occupational therapy. There was an influx of patients that required occupational therapy as soldiers were coming home with physical and mental injuries, causing a pressing need for treatment. This was especially seen in England during the 1930s and 1940s as the negative consequences of the war helped to lift the stigma

around injury and illness (Hocking, 2007). Occupational therapists were able to convince patients that they were still capable of daily activities despite their illness or trauma. Before the war was over, occupational therapists were describing how to use affected and unaffected joints, and thus postwar following many injured soldiers, immediate mobilization was implemented after surgery to prevent stiffness (Hocking, 2007). This helped to limit the number of patients who would be rendered immobile after the war, working to minimize the stigma around illness and trauma. Specifically regarding mental health, there is a long history of occupation as an intervention for the mentally ill. In mental hospitals of the time, all patients were engaged in purposeful occupation, generally in the form of craft. The goal through the interventions were to remediate the functions of the mind in patients, generally through repetitive, minimal skill activities. The goal was to recover lost techniques and lost skills rather than learn something new (Hocking, 2007). The hope from this was that patients would be reinstated back into society with the recovery of past skills.

As a whole, craft as occupation was an intervention that was extremely popular in Great Britain after World War II. At the time, occupational therapy meant specifically to make something. From this, therapists used available materials to complete crafting with their patients, while promoting posture, independence, and safety through the activities (Hocking, 2007). There were limited materials and therapists often had to be creative about what they were able to use, often using scraps from the war. The craft interventions were backed by biomedical principles and concepts as the crafts were shown to increase strength and decrease psychiatric symptoms by keeping patients grounded in reality (Hocking, 2007). As a whole, crafts played a big role in mental health treatment following the war in England and produced positive outcomes in patients.

Conversely, this post war mental health care and view of mental illness, however, had long term outcomes on the stigma around mental illness. Community based treatment was pushed through the 1930 Mental Treatment Act with the reinstatement of outpatient mental health care, and the Royal Commission urging only patients needing specialist care would need hospitalization (Long, 2013). This eventually led to the closing of Britain's psychiatric hospitals. The closing of hospitals left many patients with no resources and without the proper care, thus reinforcing the negative views surrounding their psychosis (Long, 2013). Additionally, there seems to be a shift in ideology in treatment during this time as well, leading to the push for industrial work to be used as a therapeutic measure (Long, 2013). This seemed counterintuitive as there was thought to be a link between this industrial work and decreased mental health. Nonetheless, this push to be able to complete industrial work fed the idea that mental illness stripped individuals of their personhood, furthering the stigma around mental illness (Long, 2013).

Australia

Similarly, the first psychogeriatric day center opened in Victoria, Australia following World War II. At the time, the only two options for an elderly patient was to be cared for by their family or to live permanently in a hospital. Conversely, the day center offered constant, supervised stimulation and activities while providing socialization (Bower, 1969). The day center allowed the patient to maintain a sense of their normal life and see their family while also getting therapeutic care. The day center was staffed by psychiatrists, a sister-in-charge as it was a catholic institution, an occupational therapist, and a social worker (Bower, 1969). With difficulty finding nurses, it was decided to advertise for “kind and intelligent middle-aged women without previous experience in nursing” (Bower, 1969, p.1048), to which the center received a multitude

of responses (Bower, 1969). The intake process of a patient consisted of coordinating days and times that worked best for the client, assessing them after two weeks with the sister-in-charge, the occupational therapist, social worker, and the psychiatrist. At this point it was decided whether an occupational or recreational group was suitable for them based on activity level and potential (Bower, 1969). In addition, psychotropic drugs were given to the patient and issued through the day center if needed (Bower, 1969). When the patients first arrived in the morning, they completed physical exercises and took part in their recreational and occupational therapy groups, completing activities from crafts, cooking, holding discussions, listening to pre-recorded and live music, and other activities. The center originally closed at 5:00pm but with increased demand, patients and relatives reached out to the center at any time of day or night, with home visits turning into a routine (Bower, 1969). The day center was a huge success and a great step in mental health treatment, especially with occupational therapists.

While the histories between countries vary, there are commonalities in the transition to more humane care, viewing individuals as people with feelings and thoughts rather than monsters. In each country, the progression of wars had a large impact on the advocacy for occupational therapy in mental health as soldiers were returning with increasing mental illness and promoted the need for care. Occupational therapy as a profession has transitioned and changed a great deal in the past century and the specificity of mental health is no exception to this ever-developing profession.

Current Utilization of Occupational Therapy in Mental Health

Role Definition

As a whole, there is a general lack of understanding of the role of occupational therapy in various intervention contexts, however, this is especially seen in mental health. Defining the role

of occupational therapy in mental health seems to differ from site to site, especially between countries. Overall, role blurring, a lack of definition, and a lack of understanding are undermining occupational therapists' roles in mental health.

For starters, the amendment of the Mental Health Act of 1983 in 2007 led to the expansion of legal roles of Approved Mental Health Professionals (AMHPs), creating a more hybrid dynamic that included occupational therapists into this area in England (Leah, 2020). It seems as though occupational therapists in a mental health setting need to be a jack of all trades in order to fulfill all the roles required (Leah, 2020). While this amendment helped to include more occupational therapists into mental health, it seems as though the hybrid nature created more role blurring for the therapists in this setting. Occupational therapists working in mental health are branching out of traditional roles and thus are taking on new responsibilities that expand their role. These therapists are becoming a jack of all trades in order to keep up with the work and roles they are given since it is new territory. In this area of work, an intersection of roles is found due to the unique challenges presented. Therapists are being called to do increasingly different and nontraditional work in mental health, thus changing the role definition of occupational therapists working in mental health.

Furthermore, this problem of role definition spreads to other aspects of mental health, as a 2015 study in Western Australia found that there was a lack of complete understanding of what occupational therapists bring to the table, especially in an adolescent and child mental health setting (Henderson et al.). Some of this role blurring and lack of understanding seemed to stem from a lack of exposure to working with occupational therapists within the community child and adolescent mental health setting (Henderson et al., 2015). From this continued role blurring creates more difficulty for occupational therapists to grow their role in mental health and work

effectively in a multidisciplinary team. Moreover, there appeared to be the need for occupational therapists to complete more generic roles in this setting, as other members of the interdisciplinary team expressed that everyone in this setting needed to be able to act as part of the case manager role (Henderson et al., 2015). The authors stressed the importance of the occupational therapists possessing general skills that were adaptable to multiple areas of mental health treatment, outside of just occupational therapy. This is consistent with literature mentioned earlier that expressed occupational therapists were taking increasingly general roles in mental health.

Similarly, literature on occupational therapy in England also found a more generic and blurred role for occupational therapists in a mental health professional role (Knott & Bannigan, 2013). Some barriers found that limited the success of occupational therapists were a lack of training, budget, guidance, lack of authority, and a lack of understanding (Knott & Bannigan, 2013). Furthermore, as seen in Australia as well, there is a lack of registry for occupational therapists working in mental health settings or in more generic roles (Knott & Bannigan, 2013). This creates a lack of self-identity, as these mental health professionals can lose touch with their occupational therapy roots and feel as though they do not have supervision or guidance in their work.

Occupational therapy in Canada is particularly important due to the perceived lack of role definition and participation with mental illness (Hachey et al., 2001). Those with severe mental illness have shown increasing role loss with their diagnosis and occupational therapy is seen to give patients a sense of meaningful activities while establishing habits and routines that can help patients transition into normal and societally accepted roles. While there is role blurring and lack

of definition of what occupational practitioners do at times, there is still a strong need for the service in mental health.

Transition to Generic Roles

Currently, Australia is seeing a transition in occupational therapist roles in mental health from more specific roles to generic ones as well as transitioning into more community-based settings. A 2019 study found that occupational therapists were working increasingly in generic positions, such as case manager, within non-governmental mental health facilities (Goh et al., 2019). Along the same lines, a 2004 study found that occupational therapists were taking a more generic role in treatment (Lloyd et al., 2004). These generic roles are becoming more accessible to occupational therapists' than traditional roles as mental healthcare is developing and changing. With the changing context of roles, occupational therapists must adopt new attitudes and approaches to interventions in order to fit these generic roles.

As occupational therapists are taking on more generic roles, there seems to be a correlation between generic roles and lower levels of professional identities (Scanlan & Hazelton, 2019). From this, there seems to be a trend relating those who work in more occupational therapy specific positions to higher levels of job satisfaction (Scanlan & Hazelton, 2019). These correlations seem to be linked more towards feeling meaning in the work of occupational therapists rather than just the generic title. With the growing number of therapists working in generic settings, it is important to understand the impact of this title and how to create meaningful roles for occupational therapists who are working in generic settings. It seems as though the important aspects of working in a generic setting is maintaining an occupational therapist perspective, working with an organization that aligns with the values of occupational therapy, managing role blurring, and maintaining a connection to other occupational therapy

professionals (Scanlan & Hazelton, 2019). Keeping the occupational therapy lens while working in mental health allows therapists to have a more meaningful role. This as well as working with an organization that aligns with the values of occupational therapy allows those working in generic roles to maintain a connection to the occupational therapy community.

By expanding into community-based settings and general settings, occupational therapists are given the opportunity to help new populations and gain new skills. The ability to thrive, however, in these new spaces are dependent on a number of factors. The education of occupational therapy students needs to align with the new, more generic roles in order to acquire the proper knowledge and skills for this domain (Lloyd et al., 2004). Many occupational therapists in this study felt as though they were not prepared to work in a mental health setting from their education (Lloyd et al., 2004). Additionally, while some education includes mental health preparation, many do not take into account working in generic roles and do not prepare future practitioners for working in this domain. Participants identified aspects within their personal agency, workplace facilitators, and profession-provided facilitators that help them in their work (Goh et al., 2019). Within their personal agencies, it was important for the occupational therapists to keep their occupational therapy lens and manage ambiguity (Goh et al., 2019). Despite being in a generic role, there was emphasis placed on keeping true to occupational therapy theory, values, and continuing to use occupational therapy ideals to guide treatment. Additionally, consistent with other literature, the occupational therapists shared that they had to work to manage what their generic role was in this community-based setting and keep making that clear to coworkers to limit role blurring (Goh, et al., 2019). Role blurring was often what caused confusion and lack of expansion rather than the generic role itself. While occupational therapists working in generic roles in mental health is more common, if there

continues to be role blurring and a lack of understanding of the role, this will limit expansion of practitioners in this area of work.

Furthermore, participants in the 2019 study by Goh et al. identified workplace facilitators in assuming and maintaining generic mental health roles as the organization aligning with occupational therapy values, coworkers and superiors recognizing the value of the occupational therapy background, opportunities to use their occupational therapy skills, and opportunities to expand upon the occupational therapist role. This is consistent with other literature, as it seems practitioners in generic roles need to be able to hold onto their occupational therapy roots in order to succeed. The generic role in mental health facilities fit occupational therapists well, as the values of treatment and care are recovery focused while still being person centered (Goh et al., 2019). Furthermore, it was seen as important that coworkers and managers understood and appreciated the occupational therapy background, even if the person was not in a specific occupational therapy role at the organization (Goh et al., 2019). Having an occupational therapy background when working in mental health provides unique insight into treatment and feeling valued by their coworkers helped the occupational therapists to thrive more in their work environment. Moreover, being in a generic role within the facility allowed the occupational therapists to apply a wider range of their skills (Goh et al., 2019). The participants stressed the ability to use their occupational therapy skills, as they expressed there were often limitations within their role including time, inflexible roles, and a lack of understanding of their work (Goh et al., 2019). Finally, the participants were excited about the prospect of expanding beyond occupational therapy, as this would lead to strengthening their skills and foundation (Goh et al., 2019). Expanding upon the current area of occupational therapy provides insight into new skills and treatment that can be better applied to assist patients.

In addition to personal agency and workplace facilitators, profession-provided facilitators included proper preparation, validation, and inclusion (Goh et.al., 2019). As less occupational therapists work in mental health settings, the proper education in school helps to guide and direct future therapists into their careers. Furthermore, while being in a generic role without the specific occupational therapy title, there is a need for validation from others at work. The participants explained that the generic role can often be seen as more of a sub-professional role and would feel more solidified with validation of their use in practice. Those in more generic roles were seeking validation related to their occupational therapy background and knowledge, specifically with how it is being implemented into practice. Last but not least, inclusion of occupational therapists who take on more generic mental health roles into the occupational therapy community leads to further opportunity to expand into new roles and lead to more engagement with other therapists. Therapists working in generic roles in mental health often feel secluded from the occupational therapy community (Goh et.al., 2019). However, with the inclusion of therapists into this community, this can help to further the expansion of therapists into mental healthcare. Occupational therapists working in this area often cite a lack of resources as a barrier when working, as they feel an overall lack of support. With better inclusion into the occupational therapy community, therapists can have access to more resources and feel part of the occupational therapy team. This can further expand the occupational therapy role in mental health as practitioners will feel as though they are supported in this generic role rather than excluded.

Occupational therapists working in community mental health settings with older adults in England discussed their roles as well as the need for balance and the challenges associated with it (Abendstern et al., 2017). These occupational therapists explained that they worked in both

generic and specialist roles. Similarly, to other studies, these occupational therapists reported some inevitable role blurring when working with multi-disciplinary teams as well as overlap of care coordination roles that they fell into (Abendstern et al., 2017). There were mixed results in this study on whether occupational therapists felt understood within their teams, but there was a consensus that they were often asked to complete tasks outside of their professional realm and were unsure of how to react to this request (Abendstern et al., 2017). Many were torn between the values and goals of the profession compared to the needs and goals of the team (Abendstern et al., 2017). These requests seem to be due to the fact that more therapists are working in generic roles and other professionals are unsure about the scope of practice of occupational therapists. Moreover, these results followed the theme that occupational therapists are working in a more generic role in mental health. Limitations to their career success were larger caseloads, a lack of time, tasks to support other workers, and restrictions on who they could work with (Abendstern et al., 2017). These limitations seem to be commonalities between most occupational therapists working in mental health, regardless of country. While occupational therapy began with a strong hold in mental health, there seems to have been a shift to a more generic role for occupational therapists in this area in order to fulfill more needs of the community.

When looking at places for expansion in mental health for occupational therapists in Canada, the need for workplace mental health is growing. As there is a shift in mental health treatment to a focus on psychological health and safety, there is an increase in occupational therapists taking increasingly unique roles (Moll et al., 2018). This can, however, lead to a great deal of role blurring as the aspects of the job are changing. There are several barriers that have presented themselves in this area of work, including limited training, resources, and advocacy for

their positions (Moll et al., 2018). From this, occupational therapists in this field feel less comfortable in their role and experience more role blurring.

The expansion of occupational therapy into nontraditional mental health roles is the next step in improving overall treatment. There is currently a push in the United States to transition into a more community-based setting for treatment rather than institutionalization. There is currently a rise in incentive programs that are pushing community integration for people with disability (Mahaffey et al., 2015). With these incentives, the goal is to incorporate more occupational therapists into this area of practice. Occupational therapists may be part of an assistive community treatment (ACT) that is structured to help those who require more assistive care than usual in order to safely care for themselves, engage in occupation, and participate in the community (Mahaffey et al., 2015). From this, therapists are increasing their generic roles as they expand into different workplace settings.

As occupational therapists are transitioning into increasingly generic roles, it is important to understand the barriers to practice in order to better promote practice and treatment. While generic roles tend to be more encompassing in mental health practice, it is important to not exclude these occupational therapists who may not hold the occupational therapist title from various professional resources. Many of the therapists felt that they were not part of the occupational therapy community because they did not hold the specific title, thus limiting the resources available to them. Additionally, it is important to make sure the education these therapists are receiving in undergraduate and graduate school reflect the occupational therapist role they will have once they graduate.

Barriers to Current Mental Health Practice

In the United States, a current barrier to utilization of occupational therapists in mental health practice is in the understanding of what occupational therapists can do in a mental health setting. A 2000 study of the utilization of occupational therapy in mental health facilities in western Pennsylvania found that there has been a loss of an occupational therapy presence in mental health settings (Muñoz et al., 2000). Furthermore, researchers found that there is a lack of understanding of what occupational therapists do in mental health, expanding not only to managers of facilities but to the occupational therapists themselves (Muñoz et al., 2000). This lack of understanding leads to minimal promotion of occupational therapy services which decreases the likelihood of occupational therapists being hired in mental health settings. With occupational therapists themselves not understanding their own role, this minimizes self-advocacy and can contribute to the lack of representation seen in mental health.

While this study only looked at western Pennsylvania mental health facilities, limiting the generalizability of these results, similar findings were present across the literature. A study completed in Australia of nurses' perceptions of occupational therapists found that they also did not fully understand the role of occupational therapists in mental health (Smith & Mackenzie, 2011). The study interviewed nurses of inpatient health facilities, hoping to gain a better understanding of the perspective these nurses hold and their experience working with occupational therapists. The nurses explained that they felt as though they were guessing at what occupational therapists did, as though they were speaking another language, expressing that they "wouldn't know what to refer to an OT for" (Smith & Mackenzie, 2011, p. 255). Occupational therapy was viewed as an aspect of treatment that was not well defined but rather the nurses felt that something was better than nothing (Smith & Mackenzie, 2011). The nurses in this study felt

that they were understaffed and overworked, leading them to accept any help they could get. Rather than understand the extent of what occupational therapy can offer, the nurses felt as though these practitioners were just another set of hands that could get a job done instead of a skilled asset to the team. With the nurses not understanding the extent of occupational therapy, there was less referral to occupational therapy and thus less treatment where it was truly needed. This continued lack of role definition of occupational therapy leads to an underutilization in very needed aspects of the profession. It seems as though there needs to be better communication throughout the interdisciplinary team in order to create a common understanding and implement better treatment.

Current research presented about mental health occupational therapists working in England highlights barriers to their success. It seems as though there is a lack of time to carry out intervention due to care coordination responsibilities as well as a lack of therapists in this area (Birken et al., 2017). Furthermore, therapists are lacking research in mental health as that is not always a prioritization in training (Birken et al., 2017). The current education and resources available to occupational therapists is not always in line with therapists working in mental health, but rather focuses on treatment in more traditional settings with patients in need of physical rehabilitation. This lack of research and resources regarding mental health practice was highlighted through a 2011, Australian study. Upon surveying 63 Australians who work in youth mental health, it was found that this lack of literature in this area of practice can be inhibiting and isolating from other therapists (Hardaker et al., 2011). Therapists discussed the pressure from management coupled with a lack of resources and funding that were often barriers to their success in this role (Hardaker et al., 2011). A lack of literature limits the use of evidence-based practice which can be harmful for the proper treatment of patients. Additionally, there is the

continued theme of feeling isolated from other therapists in traditional occupational therapy roles.

When looking at current treatment of adults with mental disorders, occupational therapists appear to be very scattered in standardized assessments with limited rates of repeated measures (Rouleau et al., 2015). This study found that occupational therapists found it difficult to implement standardized assessment measures into their daily practice, in turn limiting the proof of effectiveness of occupational therapists working in this area of mental health (Rouleau et al., 2015). This lack of repeat measures creates a disparity among the occupational therapy community as there is not a generalized standard of practice. This may stem from the lack of literature, as mentioned before, which may limit support for mental health measures.

Furthermore, a challenge presented in the face of occupational therapists working in mental health is the lack of understanding of other professionals that in turn inhibits the advocacy for change (Brian et al., 2015). It was found that it was important to form relationships with coworkers and advisors in order to address workplace issues and facilitate openness to spark conversation (Brian et al., 2015). Advocacy for the profession needs to come from a deeper understanding of what occupational therapy does from others in order to accurately promote treatment. Without the understanding from the current practitioners of the occupational therapy role, there can be little advocacy for the profession to others. Once occupational therapists themselves understand their role in mental health, a better understanding will come to those who work with them.

Current Perspectives relative to Occupational Therapy Intervention in Mental Health

England. In England, there is a focus on utilizing the Model of Human Occupation (MOHO) when working in a psychiatric setting in order to create client centered outcomes

(Parkinson et al., 2008). This shift in services has led to a positive change in care as this model allows for flexibility to focus on client's needs (Melton et al., 2008). This is especially helpful in mental health settings as patient involvement has been seen as such an important motivator in treatment. The MOHO was seen in early mental health practice in occupational therapy and is resurfacing as the role expands.

There has been a push in England to implement more personalized mental health teams that focus on collaboration and client centered intervention (Hamilton et al., 2015). Most interviewed practitioners in this study, however, did not find that these teams had changed their practice at all. It was found that these teams often lead to role blurring, as practitioners tend to absorb care coordinator roles rather which can overshadow their specific roles and specialties. Occupational therapists explained in the study that they felt they were limited in this role to do traditional occupational therapy due to budget constraints as well as a lack of meaningful involvement in client treatment (Hamilton et al., 2015). This lack of budget and involvement is holding back expansion of mental health occupational therapy into more prominent roles.

Research has shown the benefits of occupational therapy in mental health in England. A 2002 study discussed the use of occupational therapy in this field, focusing on the learning aspect of intervention (Eaton, 2002). The study emphasized how occupational therapy bridges the gap between activity that takes place in rehabilitation and how this translates to skill development. Practitioners help to implement increased day to day application of skills and reinforce the importance of meaningful activities.

Canada. On the other hand, in mental health facilities in Canada, the Canadian Occupational Performance Measure (COPM) is more frequently used when working with patients. The COPM was found to help clients be engaged and identify meaningful goals for

treatment (Kirsh & Cockburn, 2009). This can help to better guide treatment with the patients, as the measure is flexible and client centered. Additionally, the COPM follows the intervention process and outcomes related to psychosocial rehabilitation and recovery (Kirsh & Cockburn, 2009). There are, however, barriers that are preventing many of these assessments from being repeated in adult mental health based settings, as seems to be a common problem among standardized assessments in mental health.

A recent 2019 study looked at the prevalence of mental illness in the town of Saskatchewan, Canada in relation to the occupational therapy services available (Carey et al.) This study found a limited access to occupational therapy services, a lack of awareness of the profession, and ineffective advocacy for the profession (Carey et al., 2019). This limited access seems to stem from inadequate representation coupled with lack of funding. This in turn creates a lack of awareness about the profession, with poor understanding of the values and implications. Finally, this area saw ineffective advocacy that was shown through a lack of leadership and experience, as well as the absence of an education program. As a whole, these results show the disparity that can be present in mental healthcare treatment despite the recent strides made and bring awareness to this issue.

With mental health reforms over the past two decades in Canada, there has been a great deal of opportunity for expansion of treatment and occupational therapy has taken a lead in this. There have been pushes for a new mental health system that focuses on recovery, promoted through the understanding of meaningful occupation and well-being (Krupa & Clark, 2004). There is a great deal of stigma around mental health care and treatment which can often lead to a delay in treatment. A 2019 Canadian study looked at healthcare students' perspectives on mental illnesses in order to increase understanding of current healthcare programs. The study found four

major themes of both positive and stigmatizing beliefs about mental illness, most students had some extent of experience with mental illness, perceived challenges of working in mental healthcare, and not feeling well-equipped to work in this setting (Riffel & Chen, 2019). While most students held positive views of mental illness and did not promote the general societal stigmatizations, some participants presented views that were fearful, uncomfortable, and stigmatizing towards mental illness (Riffel & Chen, 2019). It is important to better understand these stigmas, especially in healthcare professionals, to give the proper education to minimize harmful ideas and promote better and more accepting future treatment in healthcare. Furthermore, the study found many of the students believed that those who posted on social media about their mental illness were doing so as an attention seeking behavior rather than a call for help (Riffel & Chen, 2019). This is important to note as it may influence how a person in need receives help depending on the interpretation of their plea. Social media and technology have a powerful hand in forming stigmas and this is something to consider when forming education programs for mental healthcare. A main takeaway point from the study concluded that healthcare programs are important to improve students' mental health education by offering early training programs, clarifying the scope of practice, and working to destigmatize mental illness. Forming education programs around these major themes of stigma can help to improve understanding of mental health and in turn promote better treatment.

When considering the literature surrounding Canadian occupational therapy and mental health, there is a great deal of discussion about how this stigma plays a large role for the clients themselves. A recent 2020 study reviewed the perception of occupational therapy groups from the recipients of service. The findings showed that all the participants experienced a degree of stigma associated with aspects of the group (Woolley et al., 2020). Some experienced

internalized stigma while others experienced direct stigma from others (Woolley et al., 2020). Those who experienced internalized stigma felt as though they were abnormal and unable to recover. This feeling was an internalized idea that was not supported by the group. On the other hand, direct stigma was felt through others' interpretation of their mental illness, preventing them from wanting to disclose information about their illness. It is important to note that a factor that often influenced the perception of stigma was the feeling of normalcy. A big part of the group that seemed to help patients was the aspect of normalizing their mental illness and feeling accepted. This study shows a need for improvement of social networks and connections for patients with mental illness (Woolley et al., 2020). The importance of social support where a person can feel accepted and normal was emphasized and can be applied to future occupational therapy roles in mental health.

Moreover, there are specific areas of treatment that are not well understood, this remains true for forensic occupational therapy in Canada. Forensic occupational therapy involves working in a mental health setting with a legal context of the patients (Chui et al., 2016). This provides an additional level of complexity for occupational therapists as there are legal restrictions that lead to limited access to typical activities, loss of autonomy, and unstructured time for patients (Chui et al., 2016). The therapists in the study expanded upon some of the challenges they face during treatment as well as area for role development. A major factor that limits treatment opportunity is the stigma around this specific mental health population as there is a great deal of stereotyping that creates a lack of understanding of the needs of this population (Chui et al., 2016). This is seen through marginalized language as well as a disapproval over the profession as it was seen as a “waste of tax dollars” (Chui et al., 2016, p.234). There was found to be opportunity to expand by working in more nontraditional settings, increased education of

team members, establishing a better understanding of forensic occupational therapy, and establishing a more defined role (Chui et al., 2016). This will help to mitigate stress as well as improve overall care for this population.

Furthermore, literature has shown the need for occupational therapists working in mental health to work on facilitating conversations of spirituality with their patients (Smith & Suto, 2014). Practitioners themselves need to have a better understanding of spiritual resources to offer patients who will use this as a coping mechanism. Conversely, a study also completed by Smith and Suto (2014) reviewed practitioners' views on this subject and found that occupational therapists value spirituality as a coping mechanism, however, they highlight the importance of being able to differentiate between a spiritual experience and psychosis. As a whole, these studies are helpful in delineating what is most helpful to patients with mental illness in acute psychiatric units.

Currently, there seems to be a great deal of shared decision making when it comes to adolescent mental health. In this role, the therapists take the position of the supporters, collaborators, or decision maker depending on the nature of the relationship and the decision being made (Tam-Seto & Versnel, 2015). Clients are becoming more involved in treatment and are getting more of a say in this area. This increase in collaboration is evident of improvements and advancements being made in mental healthcare. There is still a great need of work that needs to be done to improve the occupational therapists' role in mental health to better overall treatment.

United States. Currently in the United States, there is a reemergence of occupational therapy in mental health. This increased presence of mental health services can be linked to the societal recognition that mental health is as important as physical health. While this progression

is welcomed, it is surprising that there has not been more growth in this area as there have been calls from the American Occupational Therapy Association as well as the World Federation of Occupational Therapists (Gutman & Raphael-Greenfield, 2014). Furthermore, Gutman & Raphael-Greenfield (2014) examined the past five years of publication from the American Journal of Occupational Therapy. While they found a decrease in articles about mental health, they also found a need for services outside of the traditional mental health settings, specifically in older adult living facilities (Gutman & Raphael-Greenfield, 2014). This area has often been neglected in mental health practice, however, occupational therapists have a valuable position in helping geriatric patients with depression. One in 25 adults are diagnosed with a severe mental illness in a given year and occupational therapists play a crucial role in providing treatment in this area (Swarbrick & Noyes, 2018). There seems to be an increased call to service for occupational therapy practitioners working in mental health over the past few years.

Additionally, Gutman & Raphael-Greenfield (2014) discussed the need for improvements in the role of occupational therapists working in schools. While this is an area where occupational therapists are very present, it is necessary to expand the role to further address psychosocial and behavioral issues that the children are facing and further advocate for the students to receive transitional services as they develop (Gutman & Raphael-Greenfield, 2014). A 2015 study found that when practitioners began to rethink their framing of mental health from an illness to a positive state of functioning, they were better able to advocate for mental health in their daily practice (Bazyk et al.). This shift in thinking allowed for a deeper understanding of what their role as occupational therapists encompassed and opened possibilities for expansion into more nontraditional roles. Expanded knowledge as well as renewed energy allowed occupational therapists to build confidence and be empowered to advocate for addressing

children's mental health in everyday practice (Bazyk et al., 2015). Advocating for children's mental health is an important aspect as it can be overlooked due to the current presence of occupational therapists in this area, even though there is often more focus on physical rather than mental health.

Similarly, a 2019 study examined the prevention and promotion of children's mental health in a school context (Fernandes et al.). The study supported the previous research of Bazyk et al., (2015) in needing to advocate for children's mental health. Specifically, this study supported the intersectionality of mental health intervention, by involving the parents and the school staff to understand the child's developmental needs (Fernandes et al., 2019). These actions and policies support the development of the children as they provide better care and empowerment. Occupational therapists are crucial in implementing these intersectional policies and interdisciplinary work in order to improve adolescent mental health. Overall literature seems to show a push for an increased occupational therapy presence in school mental health settings.

Furthermore, studies have shown increasing success in using activity and occupation-based intervention when working in mental health settings (Cahill et al., 2020). Treatment specifically involving productive occupation and life skills, sports, and yoga have been shown to produce positive outcomes relating to mental health, positive behavior, and social participation in children with or at risk for mental illness (Cahill et al., 2020). These findings can be used to help children with mental illness lead better and more active adult lives. As the practice of occupational therapy in mental health continues to expand, these results can better help to guide practice and improve treatment outcomes.

Research in the United States has shown the compatibility with occupational therapy and psychiatric rehabilitation. Occupational therapy has shown to be a key discipline in the

psychiatric field due to its client centered nature, strong theory and knowledge base, as well as standardized assessments (Krupa et al., 2009). This article emphasizes the need for interdisciplinary team collaboration in mental healthcare and pushes for the continued use of occupational therapists in mental health roles.

Australia. The expansion of occupational therapists into more mental health roles was seen after the Australian Government committed $4.1 billion dollars to reforming mental health care in the country (Kohn et al., 2012). This included the introduction of the Better Access to Mental Health care program (BAMH), in which occupational therapy services, as well as social workers, psychologists, and clinical psychologists were covered under Medicare for mental health treatment (Kohn et al., 2012). This greatly increased the access to mental health treatment and paved the way for more professionals to enter this scope of practice, especially occupational therapists.

Furthermore, Extended Treatment and Rehabilitation Units (ETRUs) and Community Care Units (CCUs) have become more widely available in Queensland, Australia. These mental health services provide long term care for people with severe mental illness, including assessment, disability support, rehabilitation and treatment in both hospital and community-based settings (Munro et al., 2007). With the expansion of these services, this makes treatment more accessible, as they act as a stepping stone from hospital care to community care.

A 2010 study reviewed the occupations of people with schizophrenia to look at the impact on daily functioning (Urlic & Lentin, 2010). It was found that three major themes presented themselves among the individuals interviewed, as they expressed that they were struggling to survive in the present, there were enabling and constraining factors in the environment, and the importance and value they placed on work (Urlic & Lentin, 2010). These

findings support the need for occupational therapists in this area, to facilitate participation, increase resources and support, as well as presenting new job opportunities.

Currently, interventions in mental health settings in Australia focus on recovery-oriented treatment (Nugent, 2017).Nugent reported that occupational therapists have drawn on the similarities between the recovery oriented model that they use with the aspects of the mental health recovery journey, linking the individually driven practices as both being continuous processes that can be supported and hindered through interactions with the environment. These similarities can be used to guide practice and be used as a reference for treatment. By better understanding these similarities and understanding where the current occupational therapy model lacks will help to better define occupational therapists' role in this field as well as improve overall treatment.

Furthermore, it is important to understand the perspectives of both the client and the therapist during treatment. A 2007 study looked at consumer and therapist perspectives on treatment and found that both the consumers and the therapists found a benefit from the patients' story telling as it facilitated open communication (Ennals & Fossey, 2007). Consumers, however, often felt that their interactions with the occupational therapists were restricted and superficial (Ennals & Fossey, 2007). This study emphasized the importance of understanding both the clients and the practitioners' perspective on treatment to bridge the gap and get a sense of what works best for both parties. Similarly, a 2018 study by Arblaster et al. looked at consumer versus occupational therapy priorities in mental health rehabilitation. On one hand, occupational therapists stressed the need for risk assessment and management while consumers want to be able to understand and respond to the current distress which in turn would work to prevent risk of emotional escalation . This different approach demonstrates a gap in practitioner and

consumer recovery oriented practice that needs to be aligned in order to provide better treatment. Additionally, the article emphasized the consumers want to have an active role in student education and curricula (Arblaster et al., 2018). This involvement can be helpful to improve current practice and bridge the current gap in priorities.

As far as expanding current occupational therapy practice, a 2020 study by Griffin et al., looked to expand and establish a more concrete occupational therapy role in public mental health services (PMHS) in order to promote better recovery. This can be achieved through the redistribution of resources to promote efficacy of treatment. Creating this distinct occupational therapy role goes outside of traditional roles in this field, a common trend arising in Australia. By creating new opportunities to showcase occupational therapy specific skills, this can allow for more specialist evaluations, assessments, and interventions for patients (Griffin et al., 2020). By creating more discipline specific roles, this can improve the job satisfaction of occupational therapists as well as limit the alienation that is common in therapists in generic roles.

Conclusion and Further Research

Mental health treatment has greatly progressed from madhouses and asylums to community-based care with collaborative decision making. Overall, occupational therapists working in mental health are taking increasingly generic roles (Goh et al., 2019). These are typically in nontraditional settings and can cause role blurring due to the uncertain nature coupled with the lack of occupational therapy root. Additionally, each country experienced role blurring and a lack of definition in their work, often causing lower job satisfaction (Scanlan & Hazelton, 2019). As a whole, the role of occupational therapists in mental health is becoming increasingly generic which is leading to a lack of definition and rule blurring.

While there are commonalities between the role of occupational therapists in mental health, each country takes a different approach to occupational therapists working in mental health. In England, there was a great expansion of occupational therapy after World War I and II, having lasting effects on the practice today (Hocking, 2007). While practitioners in this country are working on implementing more client centered and personal treatment options, the barriers of role blurring and funding have been barriers to this goal (Hamilton et al., 2015). Moving onto Canada, this country saw early integration of occupational therapy into mental health (Sedgwick et al., 2007), Currently, however, there seems to be less expansion of occupational therapy than what would be expected. This may be caused by the great deal of stigma that is surrounding mental health in the country (Riffel & Chen, 2019). This seems to be a barrier to access to treatment and fully understanding what occupational therapists do. Furthermore, in the United States, there seems to be a push for the inclusion of occupational therapists into child and adolescent mental health (Fernandes et al., 2019). While occupational therapy roles in mental health have been expanding in the States, there is a call for more focus and advocacy for youth mental health. Finally, Australian occupational therapists seem to be working in increasingly generic settings, more specifically community based (Griffin et al., 2020). This can be attributed to legislation and policy expanding coverage to include occupational therapy in mental health treatment.

Even with these expanding roles, there is still a great deal of improvement to be made and barriers to be knocked down. Specifically, an obstacle seen in each country mentioned was the lack of understanding of the occupational therapists' role in mental health, especially within occupational therapists themselves (Brian et al., 2015). Therapists are unable to advocate for themselves and thus this limits the expansion of occupational therapy in mental health as other

professionals do not understand the scope of occupational therapy. These barriers are causing an overall decrease in the prevalence of occupational therapists in mental health.

Further research needs to be done to understand the role of occupational therapists from the practitioners themselves. As there is a lack of literature focusing on this perspective, this in turn limits the understanding and furthering of the profession in mental health. Specifically, future research needs to include the facilitators and successors of occupational therapists in mental health to expand this success to others and get a better understanding of what is working in this community. While there is a plethora of literature surrounding the barriers of occupational therapists, there is a lack of understanding of the facilitators in this area. Additionally, with the literature focusing on the declining nature of occupational therapists in mental health and the barriers present, there is limited knowledge about what is keeping occupational therapists in this field.

The problem that remains unanswered from the literature is why are occupational therapists continuing to work in mental health despite the barriers that are present. Therefore, the current research looks to answer three questions, ‘Why are occupational therapists staying in mental health roles despite the barriers?’, ‘How are occupational therapists creating meaning from their role?’, and ‘How do occupational therapists view their role in mental health?’. The purpose of the research is to gain a better understanding of occupational therapists’ role in mental health from the perception of the clinician.

Methodology

This qualitative research used a case study approach for data collection and analysis as it was most appropriate to meet the study aim (Taylor, 2017). The case study approach allowed an understanding of the occupational therapists’ own perspective on their role.

Participants

Following IRB approval from Elizabethtown College, emails were sent out to possible participants for the study. Participants were found using convenience and snowball sampling. The inclusion criteria for the research were that the participants had to be occupational therapists who were currently working or had worked in mental health within the past five years. Any individuals who had not worked in mental health in the past five years were excluded. The final sample consisted of three female occupational therapists, with experience ranging between 15 and 37 years. All participants were practicing in the United States. Table 1 gives a summary of the demographics of the individuals in the study. Participants filled out consent forms prior to participating in this study.

Table 1. Participant Demographics

	Participant 1	Participant 2	Participant 3
Years of Experience	37 years	15 years	20 years
Gender	Female	Female	Female
Facility Type	State Hospital-Forensic Stepdown Unit	State Hospital-Inpatient	Eating Disorder Clinic-Inpatient/Outpatient

Data Collection

Semi-structured interviews were used to collect data from the participants regarding their perspective on working in mental health roles. The questions for the interview were developed by the researcher to answer the research questions. Open-ended questions were used to limit researcher bias, allow the participant to express their thoughts and experiences easily, and allow flexibility in the interview. Interviews took place over zoom, lasting between 40 and 60 minutes,

and were recorded. Each participant was interviewed once and signed a consent form before entering the study.

Data Analysis

Data analysis for this research was focused around finding common themes and differences among the participants. The recorded interviews were transcribed verbatim using an online platform. Participants were given a pseudonym in the interviews to protect their identity and keep confidentiality. The transcripts were read multiple times and coded line by line to ensure thoroughness. Key phrases, words, and concepts were coded from each interview and were then categorized into a chart for each participant. Each chart was then coded and compared again to create a final categorized chart for overall similarities and themes found throughout the interviews. Tables 2, 3, and 4 show the categories and themes that were found for important areas in the study.

Credibility and Trustworthiness

Trustworthiness and credibility was ensured through the study as the faculty advisor reviewed the coded transcripts and categorized themes. The faculty advisor had worked in mental health for 20+ years previously and thus had the knowledge to review the research. The advisor walked through the initial coding on the first interview and placed the trust in the student researcher to complete the rest of the coding. Following the organization of the themes into charts, the faculty advisor reviewed them to ensure the credibility of the themes and establish trustworthiness in the study.

Results

The interviews were transcribed using an online platform. These transcripts were then coded and categorized by the researchers. The results from the research yielded four main

themes of teaching, creativity, a supportive team and environment, and the love of running group treatment sessions. As seen in table 2, when participants expressed what meaning they were getting from their role in mental health, there was a great deal of overlap among the three participants. Interestingly, as table 3 depicts, there is not significant overlap in the types of group treatment sessions that the participants were running. In table 4, however, there is an overall consensus on the perspective of their role in mental health, which is to teach.

Table 2. Meaning of Role in Mental Health

Participant 1	**Participant 2**	**Participant 3**
Assisting people with learning about their illness✔	Love of mental health	Enjoying running groups✔
Teaching✔	Running groups✔	Teaching component✔
Purposeful and meaningful, client centered	Teaching✔	Making a difference for people
Creativity✔	Creativity✔	Intelligent and creative people✔
Patients “Aha moment” ✔	Love of the Population✔	Enjoy the population✔
	Little gains✔	
	Patients engaging	

The check marks represent responses that overlapped between at least two of the participants.

Table 3. Types of Therapy Groups Provided by OT

Participant 1	**Participant 2**	**Participant 3**
Orientation	Living Skills✔	Task
Social Skills	Art Group✔	Leisure Education
Community Living Skills✔	Job Skills✔	Food Preparation

Coping Skills✔	Exercise	Grocery Shopping
Conflict Resolution	Computer	Cooking Unit
Craft✔	Cognitive	Coping Skills✔
Community Outings	Walking	Living Skills✔
Transitional Outings	Budgeting	Meal Time
Work Program✔		
Sensory		

The check marks represent responses that overlapped between at least two of the participants.

Table 4. Perspective of Role

Participant 1	**Participant 2**	**Participant 3**
Education✔	Gatekeeper to skilled living	Triangle of self-care, work, and leisure
Advocating	Teaching✔	Depth of the essentials
Enhancing occupation for that person✔	Keepers of developing new skills or refreshing skills✔	Helping people✔
	Get to an independent level✔	Practical application of life✔

The check marks represent responses that overlapped between at least two of the participants.

Teaching

Participants described that the aspect of teaching in their role was extremely important as it not only gave their role meaning but was how they viewed their role in mental health. Participant 1 described this well when they said "...assist people who are learning about their illness, teaching them what the signs and symptoms are." While other medical professions may focus just on the treatment side, a unique aspect of occupational therapy, especially in mental

health, is that therapists are teaching the patients as much about their illness as they are teaching them to be independent.

Creativity

Furthermore, the participants expressed the importance of being able to be creative as well as finding creative outlets for their patients. This aspect brought a lot of meaning to the role. Participant 1 talks about this when she shared a memory that stuck with her, saying, "We found really cool ways to make that a beautiful expression somewhere else." In this instance, the therapist was recalling a time that she was working with a patient who would self-harm. Through group sessions, the team was able to find a way for the patient to express their emotions through creativity rather than taking it out on themselves. Rewarding moments about patient breakthroughs and creativity were seen throughout all three participants.

Supportive Team and Environment

Each participant discussed how a supportive team and environment was a facilitator for their success. Each therapist worked as part of a multidisciplinary team, mainly consisting of a psychologist, psychiatrist, physical therapist, doctor/nurse, and a dietician. Participant 2 describes the importance of having a supportive supervisor when saying, "...he gives us a lot of autonomy, and he trusts us, which is incredible." This occupational therapist explained that her supervisor was not an occupational therapist and because of this he does not micromanage his team. He understood that they were the experts in this area and trusted them to make the right decisions. Furthermore, the participants valued being part of the interdisciplinary team as they had access to more advocacy and support for their patients. From this, there were more resources available as they were able to collaborate with others. Participant 1 talked about the importance of "camaraderie" within the team. The supportive environment and team were essential to

fostering the therapists' success. Additionally, being part of a team allowed the therapists to help other medical professionals gain a better understanding of what occupational therapy is. Working on an interdisciplinary team allows the therapists to show the rest of their team how important occupational therapists can be in this area.

Running Groups

The participants passionately talked about running group treatment sessions with their patients. While each therapist ran very different group sessions, running these groups gave meaning to their role in mental health. The participants valued being able to see progress in their patients and developing relationships with them as it was extremely rewarding. Participant 3 explains how patients will take groups and run with them in a completely different direction when she states, "they hit the ground running, and then do really cool things with it". Seeing group members take initiative, especially if they had not been as active in sessions before, was a common theme among participants that created meaning for them in their role.

Discussion

The research yielded three main points in response to the research questions. First, occupational therapists are continuing to pursue roles in mental health due to their love for mental health, the love for the population, and the meaning they are creating from their roles. From this, the second point came about of how occupational therapists are creating meaning from their work. The therapists are creating meaning in mental health groups through running group treatment sessions, helping patients, being creative, seeing the little gains that are made, and having a supportive team/environment that lets them do this. Finally, the last point hits upon the overall perspective of their role in mental health. The occupational therapists view their main role in mental health as teaching. Whether it is educating patients about their illness, teaching

new skills, refreshing old skills, teaching patients to be independent, the occupational therapists' perspective of their role in mental health is to teach.

In relation to the literature, the supportive environment as a facilitator is consistent with the current literature. There is, however, a gap when it comes to occupational therapists' own perspectives of their role. Additionally, the literature did not highlight the importance of group treatment sessions and the role teaching plays for these occupational therapists. This research sheds light on the therapists' perspectives that are often left out in the literature.

The literature available regarding the teaching aspect of occupational therapy and mental health revolves mainly around getting patients into educational programs rather than looking at how occupational therapists are teaching clients (Noyes et al, 2018). Therefore, this study helps to gain a deeper understanding of the teaching aspect of occupational therapy in order to promote the increased use of occupational therapy in mental health. In this study, the participants discussed the perspective that their role in mental health is to teach--teaching patients a wide variety of skills, independence, about their illness, and so much more. This adds to the current literature surrounding teaching and occupational therapy.

Furthermore, after another look through the current literature surrounding group therapy sessions and occupational therapy, most of the literature examined the effectiveness of group intervention sessions. While the effectiveness of groups is imperative, there is a lack of literature talking about groups from the occupational therapists' perspectives and the meaning of these groups to them. A 2015 article reviewed the research priorities of occupational therapists working in mental health to create a more informed and updated practice (Hitch & Lhuede). While this literature focuses on the occupational therapists' perspectives, it does not look at the meaning and understanding of the role by the therapists. Therefore, this research supplements the

current literature in giving a deeper understanding of the role of occupational therapists working in mental health.

Overall, the research study found that occupational therapists are continuing to stay in mental health roles despite the barriers due to the meaning they are deriving from their work. Therapists are creating meaning through the love of teaching the population, the creativity of their work, the supportive team and environment, and the love of running group treatment sessions. Furthermore, the study was able to get a deeper understanding of how occupational therapists view their role in mental health. The occupational therapists in this study emphasized the importance of teaching and educating in their roles, viewing it as their overall purpose in mental health. By better understanding how occupational therapy practitioners working in mental health are viewing their roles and why they are continuing to pursue these roles, it will be easier to break down the barriers in this area of practice and recruit more occupational therapists to work in mental health.

Limitations

The study had a few limitations. For starters, the sample size was small and consisted of volunteers from convenience sampling. Therefore, the sample was not very diverse as the participants lived and worked in similar areas. Further research would benefit from a large sample size from different parts of the country to see if the themes are still present. Additionally, the initial study planned to look at occupational therapists across four countries, including the United States, Canada, England, and Australia. With some difficulties encountered due to Covid-19 and difficulties with patient recruitment, the research study was adjusted to what was feasible for the time being.

Conclusion

Overall, while there is such a small percentage of occupational therapists working in mental health, the therapists working in this area are creating meaning out of their roles to continue to pursue these roles. Due to a gap in the literature around the occupational therapists' perspectives, this research aimed to understand occupational therapists' perspectives on working in mental health roles. The study found that the therapists are creating meaning in their roles through the love of teaching, the creativity, the supportive team and environment, and the love of running group sessions. This meaning coupled with the connections with their patients is what is drawing therapists to these mental health roles and keeping clinicians in them. Furthermore, when looking at the occupational therapists' perspectives on what their role is in mental health, the study found that occupational therapists view their roles as being teachers for their patients. Whether it be teaching them new skills, refreshing old skills, educating them about their illness, teaching them how to be independent, the participants in this study highlighted the importance of teaching as their role in mental health. Further research should be done using a larger sample size and examine the differences in occupational therapists' perspectives cross-culturally.

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