Therapists in Mental Health Need to Become More Visible

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

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

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

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

Steps toward solutions of the problems are as follows:

1. A united front within the profession about treatment approaches.
2. Increased research into and publication of benefits of occupational therapy in mental health.
3. Education of medical professionals at all levels from the local hospitals to the American Medical Association.
4. Education of the general public to make occupational therapy a household expression.
5. Education of legislators about occupational therapy and its benefits and importance in mental health.
6. Familiarizing high school students with occupational therapy and the career opportunities it offers.
7. Advocating publicly the career opportunities in occupational therapy.
8. Opening new areas of private practice.

Author's Response

I hope I did not leave readers with the impression that I support the option of eliminating occupational therapy in mental health. This elimination is, however, a possibility that has been discussed within the profession and that may, as the writers note, occur naturally if nothing is done to prevent it.

The writers have accurately identified some important actions that must be taken to strengthen the field. I hope that therapists like them will go further by determining the steps that must be taken to accomplish these broad goals, and will then act on these plans.

Bette R. Bonder, Ph.D., OTR, FAOTA
Highland Heights, Ohio

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