Use of Occupational Therapists in Mental Health Settings in South Carolina

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Objectives. Severe workforce shortages in occupational therapy require an examination of viable practice areas for occupational therapists. The mental health practice area has experienced greater shortages than have other areas of occupational therapy; in South Carolina, only 2% of occupational therapists work in mental health. This study was undertaken to examine the use of occupational therapists in mental health settings in South Carolina.

Method. A survey was sent to administrators at 52 South Carolina mental health facilities to collect information on the use of occupational therapists, the associated economic issues, and the perception of the roles of occupational therapists.

Results. Among the 34 respondents, 39% hired occupational therapists on a part-time or contractual basis, and 17% had full-time occupational therapist positions; 33% hired certified occupational therapy assistants on a part-time or contractual basis, and 11% had full-time certified occupational therapy assistant positions. Occupational therapy positions decreased over a 5-year period, and respondents cited the cost of salaries and problematic recruitment as two of the major contributing factors. The need for occupational therapy services was ranked as the number one factor both for increased and decreased use of occupational therapists. Personnel factors were highly ranked for facilities with decreased use whereas patient-related factors were highly ranked for facilities with increased use.

Conclusion. The findings highlight factors that may contribute to recent trends of fewer occupational therapists in South Carolina choosing mental health as a primary practice area.

Severe workforce shortages of occupational therapy personnel, especially in mental health settings, are a matter of concern for the occupational therapy profession nationally (Bonder, 1987; Friedland & Renwick, 1993; Kannenberg, 1992; Marmer, 1991; Martinez, 1993). These shortages necessitate the examination of which practice areas in the profession will remain viable for the future health care environment. The number of jobs for occupational therapists in mental health has not matched growth in other practice areas; mental health positions have decreased whereas other areas have increased dramatically (Bonder, 1987). Nationally, only 16.6% of registered occupational therapists and 27.9% of certified occupational therapy assistants practice in mental health settings (Martinez, 1993). In South Carolina, only 2% of occupational therapists work in mental health settings. This statistic is alarming because, in general, occupational therapy is identified by the South Carolina Hospital Association as having a much higher vacancy rate than is found nationally and as being the most diffi-
cult of all allied health positions for which to recruit and retain practitioners (Walker & Edmonds, 1991). This shortage has caused salary levels to increase dramatically (Walker & Edmonds, 1991). Increased salaries bode well for future occupational therapists seeking positions in areas other than mental health in South Carolina, but not for mental health settings because of the long-term trend of fewer and fewer therapists choosing mental health as a primary practice focus. In a recent survey of alumni of the Medical University of South Carolina, none of the 84 respondents was working in mental health settings (Isbell, 1993). Thus, the standing of occupational therapy in mental health settings in South Carolina is fragile.

This study examined the use of occupational therapists in mental health settings in South Carolina in order to develop a better understanding of the reasons for the low percentage of occupational therapists in this area. We surveyed administrators of mental health facilities to examine how they regard the contributions of occupational therapy, how they use occupational therapists, and how costs are associated with this use.

Method

Population

The South Carolina Department of Health and Environmental Control supplied names of hospitals, nursing homes, and residential centers with mental health units, and the South Carolina Department of Mental Health provided names of community mental health outpatient facilities. A total of 52 facilities appropriate to the study were identified by these sources.

Survey Instrument

A 17-item survey was developed to measure: (a) past and future use of occupational therapists (in mental health settings), (b) economic issues associated with this use, and (c) the congruence between facility administrators’ perception of the role and value of occupational therapy and the appropriate role and value of occupational therapy as defined by the Medical University of South Carolina Occupational Therapy Department (1992). The survey consisted of item rankings and ratings, matching scales, and free responses. Checklists qualified respondents by type of facility, funding source, number of beds, length of stay, and billing practices.

The instrument was reviewed by the Mental Health Special Interest Section of the South Carolina Occupational Therapy Association, and items were modified on the basis of their recommendations. The revised instrument was reviewed by an evaluation specialist from the South Carolina Area Health Education Center and again modified to make items consistent on the basis of his recommendations. The revisions resulted in the 17-item survey that was used in the study.

Respondents were asked to rank factors associated with increases and decreases in the number of occupational therapy personnel employed. (These factors were identified by mental health occupational therapists during a meeting of the South Carolina Mental Health Special Interest Section [Trickey, 1992]. A weighted score was calculated by multiplying the number of respondents who identified a particular factor by the assigned weight of the rankings.

Procedure

The survey, cover letter, and return envelopes were mailed to the administrators of the mental health units in all 52 identified facilities. A second letter was mailed to nonrespondents and was followed by a telephone call. The final response rate was 65% (n = 34).

Results

Of the 34 facilities that responded, 32.35% were psychiatric units in hospitals, 32.35% were free-standing psychiatric hospitals, 17.65% were community mental health centers, and 17.65% were other. In regard to funding, 67.6% were government facilities, 11.8% were proprietary, and 20.6% were funded through other sources. The facilities ranged from day facilities with no beds to psychiatric hospitals with more than 100 beds. The average length of patient stay was 30 days or fewer. Only four facilities had lengths of stay of more than 90 days.

Utilization of occupational therapy as measured by the survey focused on the number of registered occupational therapists and certified occupational therapy assistants employed full time, part time or, if under contract, on the number of hours. Eighteen of the reporting 34 facilities employed occupational therapy personnel. Of these, three facilities employed full-time therapists, with each employing only one occupational therapist. One facility employed five part-time occupational therapists. Contract service was the preferred employment classification for occupational therapists; six facilities reported its use (see Figure 1). The hours for occupational therapists under contract ranged from 3 hr to 20 hr per week. Two facilities employed full-time certified occupational therapy assistants: one facility employed one, and the other employed two. Five facilities employed at least one certified occupational therapy assistant part time. Only one facility reported contracting for certified occupational therapy assistant services.

Changes in the number of occupational therapists over a 5-year period and a 1-year period appear in Figure 2. Seventy percent of facilities experienced changes in use within the past 5 years, and 40% experienced such changes within the last year. Of the facilities that did not currently employ occupational therapists, 50% had employed them in the past.
When respondents were asked to rank in importance seven items contributing to a decrease in the use of occupational therapists (see Table 1), the need for occupational therapy services (interpreted as a lack of need) was ranked first. Free response items that respondents cited as other major factors of decreased use included lack of qualified candidates, failure to compete for available applicants, and reduction in available funds.

Factors related to an increase in the use of occupational therapists (see Table 2) also began with the need for occupational therapy services. Free response items that respondents cited as other major factors of increased use included treatment modality, working in a multidisciplinary team, rehabilitation needs of patients, and the therapists' ability to assess patients and recommend treatment.

Discussion

Results of this study show that mental health facilities in South Carolina have increasingly moved away from the use of occupational therapists in providing clinical services. The majority of facilities that continue to use occupational therapy personnel employ certified occupational therapy assistants and contract for the services of occupational therapists. This shift has occurred over the past 5 years, with the greatest shift having occurred in the past year. In addition, more than 50% of facilities reported employment of occupational therapy personnel in the past but an absence of them today.

The results point to multiple contributing factors in the use of occupational therapists. The need for occupational therapy services was an influential determinant in the use of occupational therapists; it was cited as the number one reason both for the decreased and increased use of occupational therapists. Personnel factors were highly ranked by facilities as reasons for decreased use, whereas patient-related factors were highly ranked by facilities as reasons for increased use. The facilities that had decreased use ranked the cost of salaries and staff

Table 1

<table>
<thead>
<tr>
<th>Factor</th>
<th>Weighted Score</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for occupational therapy service</td>
<td>216</td>
<td>1</td>
</tr>
<tr>
<td>Cost of salaries</td>
<td>175</td>
<td>2</td>
</tr>
<tr>
<td>Staff member turnover</td>
<td>96</td>
<td>3</td>
</tr>
<tr>
<td>Number of patients</td>
<td>72</td>
<td>4</td>
</tr>
<tr>
<td>Length of stay of patients</td>
<td>52</td>
<td>5</td>
</tr>
<tr>
<td>Number of available applicants</td>
<td>40</td>
<td>6</td>
</tr>
<tr>
<td>Ability to generate revenue</td>
<td>31</td>
<td>7</td>
</tr>
</tbody>
</table>

Note. Respondents were asked to rank only those factors relevant to them. Weighted scores were calculated by multiplying the number of responses by the value of the ranking. The better the rank, the greater the value (1 = most important and 7 = least important).

Table 2

<table>
<thead>
<tr>
<th>Factor</th>
<th>Weighted Score</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for occupational therapy service</td>
<td>150</td>
<td>1</td>
</tr>
<tr>
<td>Number of patients</td>
<td>115</td>
<td>2</td>
</tr>
<tr>
<td>Length of stay of patients</td>
<td>112</td>
<td>3</td>
</tr>
<tr>
<td>Cost of salaries</td>
<td>105</td>
<td>4</td>
</tr>
<tr>
<td>Ability to generate revenue</td>
<td>75</td>
<td>5</td>
</tr>
<tr>
<td>Number of available applicants</td>
<td>50</td>
<td>6</td>
</tr>
<tr>
<td>Staff member turnover</td>
<td>32</td>
<td>7</td>
</tr>
</tbody>
</table>

Note. Respondents were asked to rank only those factors relevant to them. Weighted scores were calculated by multiplying the number of responses by the value of the ranking. The better the rank, the greater the value (1 = most important and 7 = least important).
member turnover as the second and third greatest factors, whereas the facilities that had increased use ranked the number of patients and their lengths of stay as the second and third greatest factors. Although shortages in the supply of occupational therapists are widely reported in the literature (Friedland & Renwick, 1993; Marmer, 1991; Martinez, 1993), both groups ranked the availability of applicants as sixth. For the facilities that reported decreased use, this ranking was somewhat confusing, because related personnel factors, such as cost of salaries and staff member turnover were ranked much higher. Perhaps the availability of applicants was not a major issue because these facilities were no longer seeking to fill occupational therapy positions.

The results of this study suggest possible staffing patterns for providing occupational therapy services. Part-time certified occupational therapy assistants and contract occupational therapists were the two most popular staffing patterns, followed by full-time occupational therapists and full-time certified occupational therapy assistants.

Implications

This study suggests an alarming trend that may result in the elimination of occupational therapy personnel from employment in mental health settings in South Carolina. Because the perception of the need for occupational therapy services was ranked first for both increased and decreased use, an understanding of this need is crucial. Additionally, the characteristics of facilities that reported decreased and increased use warrant further examination. Are long-term-care and acute care facilities using occupational therapy more or less? What influence do length of stay and the number of patients have?

The results of this study reflect trends in South Carolina that may or may not be indicative of occupational therapy practice patterns in other states. If decreased use of occupational therapists in mental health settings is common in other states, this trend may have powerful influences on occupational therapy education and practice. Further investigation of occupational therapy practice trends is needed for the profession to plan for the future.

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