AOTA's Statement *on* Mental Health Practice

The American Occupational Therapy Association (AOTA) supports the inclusion of the profession of occupational therapy as a core mental health profession in the U.S. Code of Federal Regulations and as a qualified mental health profession as defined by state statute and regulation. The foundations of occupational therapy are rooted firmly in psychiatry. Occupational therapy sees the growth of psychiatric rehabilitation as a re-emergence of a belief in the importance of meaningful activity—occupation—in the lives of persons labeled with psychiatric disabilities. The profession has been guided by a holistic approach to therapy with an emphasis on psychosocial factors that have an impact on human function. It brings a rehabilitation perspective to mental health treatment in keeping with increased emphasis on recovery and functionality. Occupational therapy practitioners use their educational preparation and practice experience to restore, maintain, and improve function for people with physical and mental illness, injury, or limitations. Core educational elements for occupational therapists include neurology and physiology, psychology, and developmental and behavioral sciences.

According to the Medicare Benefit Policy Manual, occupational therapy is reimbursed and considered reasonable and necessary for "planning, implementing, and supervising of individualized therapeutic activity programs as part of an overall 'active treatment' program for a patient with a diagnosed psychiatric illness." Medicare guidance goes on to specifically authorize and direct occupational therapy practitioners to evaluate, and reevaluate as required, a patient's level of functioning by administering diagnostic and prognostic tests. This authorization makes the inclusion of occupational therapy as a core mental health profession essential in order to facilitate, for all, the assessment of functional impairment required as part of diagnosing and treating mental illness. This position is further supported by Medicare (2005) guidance, which states, "Only a qualified occupational therapist has the knowledge, training, and experience required to evaluate and, as necessary, reevaluate a patient's level of function, determine whether an occupational therapy program could reasonably be expected to improve, restore, or compensate for lost function, and where appropriate, recommend to the physician a plan of treatment."

The expertise of occupational therapy in the assessment and treatment of function and functional impairment across the life span mandates practitioners' inclusion as mental health professionals. Inclusion would ensure that their unique educational preparation and experience can be utilized for the benefit of people with mental illness. According to the Institute of Medicine's Quality Chasm report, *Improving the Quality of Health Care for Mental and Substance-Use Conditions* (November 2005), integration and collaboration among mental health practitioners is crucial to improving the mental health system. AOTA believes that interdisciplinary teams maximize the level of expertise and experience available to a patient with mental illness. The federal New Freedom Initiative also calls on the nation's mental health system to deliver higher quality, more integrated services that contribute to more successful outcomes for people with mental illness. Occupational therapy is an essential part of the mental health assessment, treatment planning, and intervention process that will improve and restore function and independence for people affected by mental illness. Occupational therapy practitioners work with people through-

Continued on next page.

AOTA's Statement *on* Mental Health Practice

out the lifespan and in all settings where mental health services and psychiatric rehabilitation are provided. Through the use of real life activities as therapy, occupational therapy practitioners improve functional capacity and quality of life for people with mental illness in the areas of employment, education, community living, and home and personal care. As well as providing care in home and community-based settings in roles such as case mangers, occupational therapists continue to work in traditional settings such as hospitals, state mental health institutions, and partial-hospitalization programs.

Failing to include occupational therapy as a core mental health profession prevents access to necessary professional services for people with mental illness and maintains the fragmented delivery system now available to people with mental illness. Maximizing independence and function are the goals of occupational therapy. Because of that, AOTA sees the inclusion of occupational therapy as part of the core treatment team for people with mental illness as an essential part of ensuring high-quality mental health treatment that is efficient and effective at delivering positive outcomes, reducing disability, and promoting recovery. Occupational therapy practitioners are already functioning as mental health professionals in several federal settings including the Public Health Service, the United States Army, and in the Department of Veterans Affairs health care system. In addition, occupational therapy practitioners are identified specifically as mental health providers in current and historic workforce analyses conducted by the Department of Labor and are employed in state and local mental health systems, including both institutional and community settings.

Occupational therapy seeks to end the ongoing segmentation of mental health practitioners and services and, instead, engender collaboration that will lead to more integrated and coordinated mental health care. AOTA intends to continue to reach out to other associations representing mental health practitioners, as well as consumer advocacy organizations, provider organizations, federal agencies, and state programs. Together we can develop a cooperative approach to including occupational therapy in mental health treatment planning, implementation and evaluation, for the benefit of the nation's mental health system and people with mental illness.

References

Centers for Medicare & Medicaid Services. (2005). *Medicare benefit policy manual* (CMS Publication No.100-02). *Practice of occupational therapy*, Chapter 15, Sec. 230.2.

National Academies, Institute of Medicine, Committee on Crossing the Quality Chasm. (2005). *Improving the quality of health care for mental and substance-use conditions*. Retrieved June 16, 2006, from http://www.nap.edu/books/0309100445/html.

The White House. (2001). *The new freedom initiative*. Retrieved June 16, 2006, from http://www.icdr.us/pubs/freedominitiative.pdf.