

Interprofessional Opportunities to Address Mental Health Concerns in School Settings:
Publishable Research Manuscript



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LEARNING OBJECTIVES

- Identify reasons why mental health is difficult to address in schools
- Reflect on the causes of mental health issues among our students
- Identify some mental health diagnoses of school-aged children and youth
- Explore facts regarding occupational therapy's ability to address mental health needs among students
- List the findings of research done among South Carolina school-based OT practitioners

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Occupational Therapy Practice Framework: Domain & Process, 3rd Edition Health, Well-Being, Participation and Engagement

"Achieving health, well-being, and participation in life through engagement in occupation" (AOTA, 2014)

- Health (physical, MENTAL, and social well-being)
- Well-being (physical, MENTAL, and social aspects)
- Participation (activities that are purposeful and meaningful)
- Engagement in Occupation (transactional interaction of MIND, body, and spirit)

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PROBLEM STATEMENT

School-aged children are dealing with mental health issues. Guidance counselors, school psychologists, and administration are addressing students' mental health needs, but are in need of more manpower (Chan et al., 2017). Occupational therapists are qualified to work in mental health (Chan et al., 2017), yet are underutilized in many cases. How can occupational therapy become part of this interprofessional team?

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PROBLEM STATEMENT CONSIDERATIONS & PURPOSE OF THE STUDY



Problem.

- Significant increase in mental health issues among students (Blackman et al., 2016)
- Lacking manpower to address mental health needs (Chan et al., 2017)
- Lack of resources for intervention (Capp, 2015; Chan et al., 2017; Moon et al., 2017)
- Occupational therapy is not viewed as a team member of mental health (Ball, 2018)

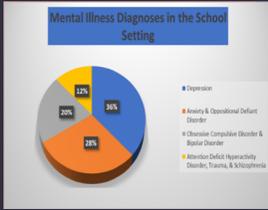
Purpose.

- Explicate the education, qualifications, and abilities of occupational therapists as mental health providers

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BACKGROUND

- 20% of students have a diagnosable mental illness (Blackman et al., 2016)
- 21% increase between 6-18 years of age (Arensen et al., 2019)
- 50% of students are receiving intervention (Moon et al., 2017)
- 75% are receiving inadequate intervention or no intervention (Capp, 2015)



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Statistics on Childhood Trauma

- 20-50% of students experience trauma within their families, school, or community
- 40% of 8-11 year olds have reported having their lives threatened
- 68% of adolescents have experienced at least one traumatic life event
 - Physical abuse
 - Sexual abuse
 - Exposure to domestic or community violence
 - PTSD, anxiety, depression (Langley, Santiago, Rodriguez, & Zelaya, 2013)

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MORE BACKGROUND

OCCUPATIONAL THERAPIST

- RECOGNIZES, ASSESSES, AND TREATS MENTAL ILLNESS (Arbesman et al., 2013)
- HAS KNOWLEDGE IN PROGRAMMING (Arbesman et al., 2013)
 - Environmental modification
 - Sensorimotor regulation
 - Life and social skills groups
- INCORPORATES THERAPEUTIC USE OF SELF (AOTA, 2016)

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POPULATION, METHODS, & MEASURES

POPULATION

- Active school-based practitioner
- Must live in the state of South Carolina

METHODS

- Self-designed survey using Survey Monkey
 - 10 questions
 - Demographics
 - Likert scale
 - Open-ended questions

MEASURES

- Descriptive statistics
 - Demographic & Likert
- Thematic Development
 - Open-ended questions

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"SURVEY SAYS"

- 44% of practitioners felt moderately prepared to address mental health needs
- 28-40% of practitioners were not satisfied or slightly satisfied with how they address student mental health
- 28% of practitioners did not feel an interdisciplinary approach was being used
- 72% of practitioners did not feel administration had the skills to meet the mental health needs of students

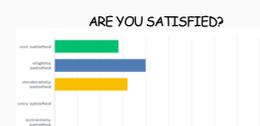
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FINDINGS

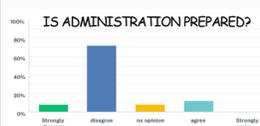
ARE OTs PREPARED?



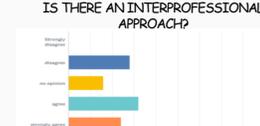
ARE YOU SATISFIED?



IS ADMINISTRATION PREPARED?



IS THERE AN INTERPROFESSIONAL APPROACH?



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FINDINGS CONTINUED

Commonalities

- Emotional Regulation
 - Sensorimotor Regulation
 - Zones of Regulation
 - Classroom Modifications
 - Therapeutic Use of Self
- Some therapists report they are not addressing mental health
- Some therapists state their abilities are not needed
- Lack of support from administration

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RESULTS

- Indicates a lack of education regarding OT's qualifications and roles
 - Occupational therapy not recognized as mental health providers (Cahill & Egan, 2017)
- Indicates a need for occupational therapy's help (Ball, 2018)
 - Current interventions are not enough
- Indicates occupational therapy should be part of the interprofessional team (Arbesman, Bazyk, & Nochajski, 2013; Ball, 2018; Blackwell & Bilics, 2018)
 - Qualified
 - Holistic perspective

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IMPLICATIONS

- Forgotten our holistic roots
 - Body, MIND, spirit
- A generation of unaware practitioners
 - Mental health IS addressed in all therapy sessions
- Loss of professional recognition (AOTA, 2017)
 - Qualified Mental Health Practitioners
- Loss of billable service
 - Decrease in types of service

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- Occupational therapists are qualified to work in mental health (Blackwell & Bilics, 2018)
- Occupational therapy is needed to address mental health needs of students (Ball, 2018)
- Occupational therapy should be a part of the school-based interprofessional team (Chan et al., 2017)
- Education and collaboration with administration (Ball, 2018) is key to making this happen

CONCLUSIONS

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What can Occupational Therapy Do?

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Educate and Raise Awareness

Educate administration and school staff on our mental health background and training

- inservices/daily communication/be examples in your therapy sessions

Focus on the distinct contributions OT can provide to the school-based mental health team

- Assist with transitions
- vocational training

Assist with social functioning groups

- Playgroups (pullout), centertime (push-in), cooking groups (push-in), assist students at recess or PE (push-in)

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QUESTIONS???????

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