Box 2-1. Vignette: Annette

Annette is an American therapist who has been practicing in the field of mental health for about 25 years. She grew up in the 1960s and 1970s in a home and community that embraced the changes that were coming with the civil rights and feminist movements of the time; she still feels the optimism that she learned during those years about the possibilities for a more inclusive society. She was drawn to occupational therapy for many reasons, including its emphasis on the therapeutic use of creativity, seeing the client as a whole person, and the importance of occupations in everyday life. During her career in the 1980s and 1990s, she was actively involved in the new field of psychosocial rehabilitation, and worked with colleagues to develop strategies to assist clients to live in their communities and advocate for themselves. Recently, she has been watching what is happening with the introduction of the Patient Protection and Affordable Health Care Act (ACA, 2010) and wondering if it might be a good time to consider a new type of psychosocial occupational therapy work, both to contribute to the new health care landscape, and to broaden her professional abilities.

evolved into an established, organized profession, new employment positions were launched and new avenues for payment appeared. There have been several factors influencing employment and payment structures of occupational therapists in the mental health arena. First, the movement from institutional to community practice has impacted payment sources and structures. For example, occupational therapists working in community mental health practice found job evaluation processes and pay scales were different, and typically less generous, than those in hospital settings. Second, the profession has witnessed an increase in private practice, including psychosocial practice. Finally, employment structures and payment schemes are highly related to the sociopolitical context of practice. For example, in the United States, positions for psychosocial occupational therapists in hospitals, including psychiatric hospitals, were historically common. Private insurers paid for psychiatric care only to a limited extent (Peters, 1984). During the 1980s and 1990s, reimbursement issues continued to develop. State and federal reimbursing agencies such as Medicare and Medicaid, feeling the economic crunch, demanded more careful accountability in the use of state and federal institutions (Foto, 1988a, 1988b; Hanft, 1988). Today, therapists in the United States are faced with more federal transformations in health care payment and need to be familiar with the Patient Protection and Affordable Health Care Act (ACA, 2010) as it comes into force. The ACA service provision framework includes a range of rehabilitation, mental health, and substance use services for covered persons who have behavioral health issues (Braveman & Metzler, 2012; Stoffel, 2013; Box 2-1).

Occupational therapists globally are identifying opportunities for new funding structures that come along with new roles and practice contexts, such as becoming members of primary care teams, increased involvement in prevention and wellness programs, increased roles in habilitation and rehabilitation, and expanded behavioral health services. Changes in the health care landscape can provide more opportunities for occupational therapists to be involved in innovative programs and advocacy initiatives to ensure that the contributions and cost-effectiveness of the professional are fully recognized (Goodman, 2013; Hinojosa, 2013).

Spirituality in Psychosocial Practice

A discussion about the evolution of perspectives of mental health and psychosocial occupational therapy would not be complete without acknowledging the role of spirituality and religion in the field. Spirituality as part of the therapeutic process is a theme that has been woven through the profession since its beginnings and continues to be explored (Barnitt & Mayers, 1993; Egan & Delaat, 1994; Kirsh, 1996; Kroeker, 1997; Townsend & Polatajko, 2007). Although the mind-body-spirit paradigm is an area that deserves much more attention than what we can cover here, two considerations regarding spirituality should be kept in mind; the influence of the personal spiritual and religious beliefs of therapists on their practices, and second, the inclusion of spirituality in the theories, conceptualizations, and practices in psychosocial occupational therapy. An example of the latter was illustrated by research conducted by Wilding, May, and Muir-Cochrane (2005), which found that people with mental illness discovered that spirituality could motivate and sustain their engagement with occupations.

Trauma, Violence, War, and Disaster

The impacts of trauma, war, violence, and disasters have been woven into the history of psychosocial occupational therapy practice (Eldar & Jelic, 2003). Occupational therapy had spurts of growth during both World War I and World War II, and other wars and upheavals have also influenced its development (Friedland, 2011; Gutman, 1997). Occupational therapy can play a significant role in the recovery process for those who have experienced violence in home situations (Javaherian, Underwood, &