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Factors Affecting the Number of Students Engaged in Mental Health Fieldwork Education

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ABSTRACT. Fieldwork is essential for training future mental health practitioners. This study identified factors predicting the number of students engaged in mental health fieldwork education. Proactive efforts (e.g., setting up structured fieldwork programs), such as offering both Level I and Level II fieldwork experiences, and perceiving no challenge to accepting Level II fieldwork students, predicted greater numbers of students participating in fieldwork. Clinicians who had set up structured fieldwork programs were more likely to have guest lectured in an occupational therapy education program and met with interested students. This is the first study to identify factors that predict participation in mental health fieldwork.

KEYWORDS. Occupational therapy, clinical training, clinical supervision

Factors Affecting the Number of Students Engaged in Mental Health Fieldwork Education

Despite occupational therapy's rich roots in mental health, the proportion of therapists choosing to practice in mental health settings has declined to an alarming two percent (National Board for Certification in Occupational Therapy, 2008). This trend has not gone unnoticed by many American Occupational Therapy Association (AOTA) members. There has been a recent call to action in support of mental health practice as concerns have been raised over the fact that few state statutes list occupational therapists as qualified mental health practitioners (State Affairs Group, 2004). In 2004, Barbara Kornblau, a former AOTA president, asserted that the AOTA must advocate for occupational therapists as key mental health service providers. The Representative Assembly (RA) of the AOTA espoused the need for renewed action in promoting mental health occupational therapy, as a failure to do so would threaten the role of occupational therapy in the arena of mental health (Collins, 2004). Also, in 2004, the RA approved a motion to investigate the possibility of reinstating a required fieldwork in mental health in future educational standards revisions. Yet, to date, no report on this investigation has been published or reported in subsequent RA meeting minutes.

In 2004, the AOTA adopted Ramsey's revision to the 1997 position paper, *The Psychosocial Aspects of Occupational Therapy*. The revision touted the fact that occupational therapy practitioners were well prepared to address the psychosocial concerns of their clients. AOTA reasoned that occupational therapy practitioners are capable of addressing the psychosocial concerns of clients because of the educational preparation in relationship building, therapeutic use of self, group process, client interviewing techniques, and therapeutic group development and implementation. AOTA, however, qualified this position by asserting that

occupational therapy practitioners who work in mental health settings "may have additional knowledge and skills in areas such as psychiatric rehabilitation, supported employment, vocational rehabilitation, expressive therapy, substance abuse, and dual diagnosis treatment and prevention" (Ramsey, 2004, Education, Training, & Competencies Section ¶2). These additional knowledge and skills sets are typically developed in mental health fieldwork placements.

Some mental health practitioners have voiced their belief that academic preparation must include a mental health fieldwork placement and have sought the readoption of a prior educational standard that required all occupational therapy students to complete a mental health fieldwork. Opponents of mandatory fieldwork in mental health have argued that students and educational programs in some regions of the country would bear a heavy burden because there are not enough mental health occupational therapy practitioners available to supervise students if a mental health fieldwork placement were required. Proponents have countered that placement is possible and that through resourcefulness and creativity, several non-traditional sites could be developed (Dallas & Starnes, 2004; Paul, 1996).

The decline in numbers of occupational therapists in mental health settings has resulted in fewer practitioners available to supervise occupational therapy students. There has also been a decline in occupational therapy student fieldwork placements in mental health settings (Holmquist, 2006). Practitioners have warned the profession that as students lose exposure to mental health fieldwork sites, fewer graduates are likely to pursue or be qualified to work in mental health settings (Dallas & Starnes, 2004; Gerardi, 2004; Holmquist, 2006; Kautzmann, 1995; Paul, 1996). This had led to a growing concern regarding the loss of the profession's recognition as mental health professionals (Gerardi, 2004; Price, 1993).

Moreover, mental health is an integral component of the holistic foundation of occupational therapy services and this practice may be threatened by the decreasing exposure students have to mental health fieldwork sites (Atwater & Davis, 1990; Dallas, 2004; Paul, 1996; Representative Assembly, 2006). There appeared to be three central themes relevant to these issues arising from the literature: the history of education related to mental health practice, the benefits of mental health fieldwork, and the perception of challenges to accepting fieldwork students.

A Historical Look at Educational Practices in Mental Health Occupational Therapy

Prior to the 1973 standards for occupational therapy education, all students were required to complete a prescribed number of hours in mental health settings as part of clinical training (American Medical Association [AMA], 1943; 1949; 1965). Prescribed mental health fieldwork was eliminated in the 1973 standard revisions (AOTA, 1975). Although the literature does not articulate the reasoning behind the decision to discontinue mandating prescriptive mental health fieldwork experiences, it is likely that the change was made to reflect practice trends. The decision may have contributed to the decline of occupational therapy practitioners working in mental health. Since that time the number of occupational therapists working in mental health has steadily declined (AOTA, 1991b, 2006a; AWP Research, 2000; National Board of Certification for Occupational Therapy [NBCOT], 2003; 2004; Price, 1993). The latest statistics available from the 2008 NBCOT *Annual Report* indicated that only 2.0% of occupational therapists worked in a mental health setting (see Figure 1).

Renewed interest in mental health led many practitioners to reexamine the educational mandate requiring one fieldwork placement in mental health. The *2006 Accreditation Standards for a Master's-Degree-Level Educational Program for the Occupational Therapist* did not,

however, reinstate the mental health fieldwork mandate (ACOTE, 2007). Instead, the new standard reads in part, "In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes" (ACOTE, 2007, p. 12).

The Value of a Mental Health Fieldwork Experience

Mental health fieldwork experiences have been found to be influential in determining future practice preferences (Atwater & Davis, 1990; Christie, Joyce, & Mueller, 1985; Doyle, Madigan, Cash, & Simons, 1998; Gilbert & Strong, 2000). For example, if occupational therapy students perceived their level I fieldwork placement in mental health as a negative experience, then students were less likely to practice in mental health (Doyle et al., 1998; Gilbert & Strong, 2000). And occupational therapy students who do not participate in a mental health fieldwork placement are less likely to practice in a mental health setting upon entry into the profession (Crowe & Mackenzie, 2002; Kautzmann, 1995; Paul, 1996). Atwater and Davis found that a majority of students perceived their mental health fieldwork to be valuable regardless of the practice area in which they chose to work. In addition, Gilbert and Strong found students' attitudes toward people with mental illness improved significantly after exposure to clients with mental illness during fieldwork experiences. They asserted that students would not gain this important experience if they did not participate in a mental health fieldwork.

For at least the last two decades, leaders in the profession have voiced concern regarding the decline in mental health occupational therapy practitioners (Bonder, 1987; Paul, 1996). Researchers have attempted to identify factors that have contributed to the decline and have offered recommendations to enrich the psychosocial fieldwork experience, initiate student exposure to mental health occupational therapy practice, and increase the numbers of students

participating in mental health fieldwork placements (Atwater & Davis, 1990; Barris & Keilhofner, 1986; Bonder, 1987; Dallis & Starnes, 2004; Ebb & Haimann, 1990; Kautzmann, 1995; Price, 1993). Steele-Smith and Armstrong (2001) suggested that mental health practitioners set up structured fieldwork education programs that emphasize self-directed learning with peers and opportunities for students to lead therapeutic patient groups. Tekell (2009) reviewed numerous issues related to fieldwork in mental health including suggestions for enriched learning activities, steps for developing a fieldwork program, and supervisory strategies. Bonder (1987) advised mental health practitioners to lobby for increased community support of mental health occupational therapy services; whereas Dallas and Starnes (2004) proposed the participation of mental health practitioners in occupational therapy classes. Unfortunately, the literature has not revealed whether these strategies have been successfully implemented; nor have data been published suggesting these strategies positively influence the number of students engaged in mental health fieldwork.

Challenges to Accepting Fieldwork Students

It is evident that a number of challenges have complicated the process of exposing occupational therapy students to mental health practice and fieldwork. Tompson and Proctor (1990) reported that clinicians have expressed the desire to take fieldwork students but that several factors including: limited time, decreased productivity, and requisite clinical expertise prevented them from supervising students. Mental health occupational therapists have identified other barriers to student supervision, including legal or ethical issues (e.g., a therapist's liability for a student's actions), conflicting student personality characteristics, and negative perceptions of the fieldwork experience by the student caused by negative student attitudes about mental illness and decreased clinician case loads (Gilbert & Strong, 2000; Slogget , Kim & Cameron,

2003). Despite their importance, no study has explored the effects of these perceived barriers in terms of student participation in mental health fieldwork experiences.

The purpose of this study was to identify factors that might predict student participation in mental health fieldwork education. The following research questions were addressed: To what extent are mental health fieldwork opportunities being provided to occupational therapy students?; What are the current barriers perceived by mental health occupational therapy practitioners to accepting Level II fieldwork students?; What efforts have been made by mental health occupational therapy practitioners to promote student exposure to mental health fieldwork?; and, What are the factors predicting the number of occupational therapy fieldwork students supervised by mental health occupational therapists?

Method

Participants and Sampling

Approval for this study was obtained from the institution's Human Subjects Committee. A list of 500 randomly selected AOTA Mental Health Special Interest Section (MHSIS) members, out of a possible 810 (C. Foster, personal communication, January 19, 2007), was obtained from AOTA. A member was considered for inclusion in the study if they were: (a) a registered occupational therapist, (b) currently practicing in a mental health setting for at least 20 hours per week, and (c) had worked as a mental health occupational therapist for at least one year at the time of recruitment. Members were excluded from the study if they were not practicing in the US or Puerto Rico, or if their primary role entailed providing occupational therapy services for physical disabilities. A letter was mailed to the 500 MHSIS members, explaining the purpose of the study and inviting them to participate. The letter also included a URL address for the web-based survey and a unique password for each member. A reminder postcard was sent 10 days

after the initial request to non-responders. An incentive drawing for 4 gift certificates was offered to respondents completing the survey.

Instruments and Data Collection Procedures

This study employed a web-based survey that included 18 questions addressing clinical background (e.g., years of mental health experience and practice setting), OT student fieldwork supervision experiences (e.g., number of Level I and/or Level II students supervised), and perceptions of supports and barriers to offering mental health fieldwork education experiences. Informed consent was established, and surveys were completed within a 30 day time frame (February – March 2007).

Data Management and Analyses

Data were downloaded from the web-based survey host into an electronic spreadsheet. Descriptive statistics and measures of central tendency provided an overview of demographic data. Independent *t*-tests evaluated differences in student supervision frequency based upon supervisory status (i.e., supervises Level I, Level II or combined Level I and II students). Linear regression analyses were employed to identify study variables capable of predicting fieldwork student numbers. The three primary dependent variables included the number of Level I, Level II and combined Level I and II fieldwork students supervised over a two year period. Dummy codes were created for study variables including barriers to accepting fieldwork students, "Perceives No Challenges" (0 = no, 1 = yes); "Perceives Lack of Time" (0 = no, 1 = yes); and efforts to promote fieldwork, "Set up Structured Fieldwork" (0 = no, 1 = yes); "Guest Lectured" (0 = no, 1 = yes) and "Met with Interested Students" (0 = no, 1 = yes) as well as "Practice Setting" (0 = Institutional, 1 = Other). "Years of Mental Health Experience" was reduced from seven possible response options into three categories (1-9, 10 to 19 and 20+ years). Cross

tabulation statistics were generated to explore relationships between key study variables and supervision status (i.e., Did vs. Did Not Supervise); chi-square statistic or a Fisher's Exact test were used. An alpha level of 0.05 was used to interpret statistical significance for the regression models and Fisher's Exact test, and a two-tailed alpha level of 0.05 was used for the *t*-test and chi-square statistics. Analyses were completed with SPSS 15.0.

Results

Demographics of the Sample

Out of a possible 500 surveys, 100 were returned, of which 85 MHSIS members met the study's inclusion criteria, resulting in a 17% response rate. The majority of respondents (55%) had more than 20 years of clinical experience; one-fifth had practiced between 10 and 19 years, and a quarter of respondents practiced 1 to 9 years. Data were collected on work settings to establish the general areas of mental health practice of the sample; respondents were assigned to one of four categories: institutional (N = 38; e.g., inpatient psychiatric), community (N = 10; e.g., day treatment program), other (N = 9; e.g., chemical dependency program, which could be categorized as either institutional or community-based) and more than one setting (N = 28). Nearly half of the respondents practiced in the Northeast, one quarter reported working in the Pacific and Western states and the next largest group practiced in the Midwest and Central Plains.

To What Extent Are Mental Health Fieldwork Opportunities Being Provided To Occupational Therapy Students?

Respondents were asked to report the numbers of Level I and Level II occupational therapy fieldwork students they had supervised during the past 2 years. The majority (78%) of

the respondents indicated that they had supervised at least one fieldwork student in this time frame. Figure 2 provides a summary of the student supervision experience of respondents.

Table 1 provides a summary of the fieldwork supervision data covering a two year period ranging from February 2005 through February 2007. For the entire sample, therapists supervised an average of 4.2 students over the two year time frame. In terms of an annual supervision level, respondents reported supervising a mean of 1 Level I and 1 Level II fieldwork student. When only supervisors were evaluated, a mean of 2.8 Level I students were supervised by therapists who only supervised that level of student and a mean of 1.9 Level II students were supervised by therapists who only supervised at that level. Interestingly, mean student numbers were greater for Level I (t = -2.03, p = .05) and Level II (t = -2.76, p < .01) placements for supervisors who provided opportunities for both levels of mental health fieldwork experience. It should be noted that survey response options for supervision frequency ranged from 0 to 10 +. Therefore, the average supervision values may reflect a slight underreporting of actual supervision frequency. Nearly 10% of the respondents had chosen the 10 + option.

In an effort to determine whether mental health fieldwork opportunities were being fully employed by occupational therapy students, respondents were asked to indicate how many fieldwork students they could potentially supervise in a one year period. This was compared to the number of fieldwork students they had actually supervised in the last 2 years, allowing for a conservative estimate of student fieldwork placement. Student supervision was divided into Level I and Level II fieldwork placements. Overall, 78% of respondents indicated that they could supervise at least one Level I, and 92% said they could supervise at least one Level II fieldwork student in a one year period of time. Only 55% of respondents, however, indicated that they had supervised at least one Level I fieldwork student (66% for Level II) during the past

2 years. This finding reflects an obvious difference between therapists' perceptions of fieldwork supervision capacity and actual practice.

What Are The Current Barriers Perceived By Mental Health Occupational Therapy Practitioners To Accepting Fieldwork Students?

The most frequent response (37%) was "lack of time to devote to student supervision". Tied for the second most common response were "there are no challenges" and "other" (where respondents could write in a response). The "other" challenges included themes of a lack of student understanding of occupational therapy's role in mental health, logistics, staff shortages, and burnout. See Table 2 for an overview of responses to all challenges offered.

What Efforts Have Been Made by Mental Health Occupational Therapy Practitioners to Promote Student Exposure to Mental Health Fieldwork?

The most frequently cited effort (67%) was "met with interested students". The second most common response (58%) was "set up a structured fieldwork program" followed by 47% of respondents who indicated that they had "guest lectured in an occupational therapy class". Table 3 provides a summary of the efforts cited by respondents to promote mental health fieldwork.

What Factors Predict Student Numbers in Level I and Level II Mental Health Fieldwork?

When considering the entire sample, practitioners who reported perceiving no challenges to providing Level II fieldwork opportunities or those who were proactive in terms of setting up a structured Level II fieldwork program provided a greater number of both levels of mental health fieldwork experiences. Please refer to Table 4. These findings were consistent across two similar regression models which considered only Level I $R^2 = .21$, $F\ (7,77) = 2.94$, $p < .01$ or Level II $R^2 = .35$, $F\ (7,77) = 5.84$, $p < .001$ fieldwork student numbers. Given these findings, modified regression models added an interaction term ("Perceives No Challenges" x "Set Up

Structured Fieldwork") to determine whether both factors combined might better predict fieldwork student numbers. In each of these models the interaction term failed to contribute to the model *R*-square. This suggests that perceiving no challenges to providing fieldwork opportunities or setting up a structured Level II fieldwork program may increase the number of student fieldwork opportunities regardless of a therapist's commitment to one week or three months of clinical education. "Years of Mental Health Experience," "Practice Setting," and "Perceives Lack of Time" failed to predict student numbers in any of the models.

Subsequent regression models sought to examine the likelihood that supervisors of both Level I and Level II mental health fieldwork experiences oversee a greater number of students in either supervision category compared to therapists who offer only one form of fieldwork experience. For these analyses, reduced models retained the "Perceives No Challenges" and "Set Up Structured Fieldwork" variables and added a third predictor, unique to each of the two models, representing the form of fieldwork supervision. For example, in predicting the number of Level II fieldwork students supervised over the two year period, the "Supervision Status A" variable accounted for therapists who supervised only Level II students and those who supervised both Level I and Level II students. Similarly, the "Supervision Status B" variable compared therapists who supervised only Level I students and those who offered both forms of fieldwork supervision in terms of Level I student numbers. Table 4 also provides the results of these analyses.

For Level II fieldwork, the form of fieldwork supervision variable resulted in the only statistically significant contribution to the model, $B = 1.51$, $t(55) = 2.3$, $p = .03$, though the "Perceives no Challenges" and "Set Up Structured Fieldwork" variables approached significance. This finding presents evidence in support of offering both forms of fieldwork

supervision as a possible method for maximizing Level II fieldwork student numbers. As a group, these three variables contributed to the prediction of Level II student numbers (R^2 = .24, F (2,53) = 5.42, p < .01) within a smaller sample of therapists, thereby suggesting their relevance within occupational therapy practice settings actively providing Level II mental health fieldwork educational experiences. For Level I fieldwork, the model was significant (R^2 = .19, F (2,46) = 3.38, p = .03), though only the "Set Up Structured Fieldwork" variable was a statistically significant contributor to the prediction of Level I fieldwork student numbers, B = 2.14, t(46) = 2.04, p = .05. These results suggest that proactive efforts such as setting up structured level II fieldwork programs should also be considered within occupational therapy practice settings that only provide Level I fieldwork opportunities.

Cross tabulation statistics between supervision status (Did vs. Did Not Supervise) and the principal study variables were calculated to substantiate and extend the results from the regression models. Please refer to Table 5. These tests confirmed the regression analysis results in that "Years of Mental Health Experience," "Practice Setting," and "Perceives Lack of Time" were not associated with supervision status, whereas "Perceives No Challenges" and "Set Up Structured Fieldwork Programs" were more common in persons who reported supervising mental health fieldwork students. The two remaining variables representing efforts to promote fieldwork opportunities were related to supervision status. In terms of guest lecturing in an OT program, the proportion of participants who had not supervised students nor guest lectured (5%) was substantially lower than those who had participated in both (42%). A similar association was noted as the proportion of participants who neither supervised nor met with interested students (9%) was far below that of supervisors who had met with prospective students (58%). Though these proactive strategies did not predict mental health fieldwork student numbers, they

were disproportionately practiced by the occupational therapists who engaged in mental health fieldwork supervision.

To explore how these proactive strategies for recruiting mental health fieldwork students were related to "Perceives No Challenges" and "Set Up Structured Fieldwork Programs," additional chi-square statistics were calculated. "Perceiving No Challenges" was associated with "Guest Lectured in OT Program," χ^2 (1, N = 85) = 7.39, $p < .01$ but not "Met with Interested Students," χ^2 (1, N = 85) = .61, $p = .43$. Whereas, "Set Up a Structured Fieldwork Program" was associated with both guest lecturing, χ^2 (1, N = 85) = 15.46, $p < .001$ and meeting with students, χ^2 (1, N = 85) = 3.74, $p = .05$. It appears from these results that having guest lectured in an OT program and met with interested students are strategies more often employed by occupational therapists who have set up structured fieldwork programs. Interestingly, perceiving no challenge to fieldwork supervision is also associated with having guest lectured, suggesting the relative importance of this proactive recruitment strategy.

Discussion

The findings of this study confirm and extend the profession's knowledge regarding factors which affect mental health fieldwork education. Within this sample, over three-quarters of practitioners had supervised at least one fieldwork student during the 2005-2007 time frame. The AOTA 2006 Workforce and Compensation report found that 61.3% of mental health practitioners supervised students in 2005 and another 6.5% indicated they had supervised students, though not in 2005. As noted by the AOTA 2006 survey, the proportion of mental health practitioners supervising fieldwork students is nearly double that of practitioners in other settings. In that study, the median number of fieldwork students supervised in 2005 by all therapists surveyed was one, and mental health practitioners' median number was two; similar

results were found in the present study. This study dealt with supervision of both Level I and Level II fieldwork experiences and focused specifically on occupational therapy students at the professional level. The results indicated that therapists electing to supervise both Level I and Level II students, on average, supervised more fieldwork students within each supervisory level than therapists electing to supervise only Level I or only Level II students. This finding had not been identified in prior studies as fieldwork levels are typically not delineated. More discussion related to the relationship between supervisory status and fieldwork student numbers follows below.

Are Occupational Therapy Students Fully Using Available Mental Health Fieldwork Sites?

Students may not be fully using the available mental health fieldwork sites. The most telling evidence for this is the discrepancy between the number of fieldwork students supervisors anticipate teaching compared to the number of fewer students actually supervised. This finding, in part, supports the claims of mental health occupational therapy practitioners that students are losing exposure to mental health fieldwork sites (Dallas & Starnes, 2004; Gerardi, 2004; Holmquist, 2006; Kautzmann, 1995). This is disconcerting given that fieldwork is influential in predicting future practice preference and students who do not participate in mental health fieldwork are less likely to practice in mental health upon entry to the profession (Atwater & Davis, 1990; Christie et al., 1985; Doyle et al., 1998; Gilbert & Strong, 2000).

Unfortunately, another implication of this finding relates to the narrow capacity for growth in mental health occupational therapy practice in the short term. The obvious limiting factor for growth is the percentage of occupational therapists practicing in mental health, now accounting for less than five percent of all practitioners in the United States. Add to this the fact that mental health therapists are outpacing their colleagues from other practice settings in terms

of the annual ratio of fieldwork students supervised, nearly two to one. So, despite the apparent additional supervisory capacity identified by mental health practitioners in this study, the reality of their disproportionate supervising responsibilities must be taken into consideration. For the profession of occupational therapy to truly embrace its centennial vision, comprehensive long-term solutions to the decline in mental health practice must be developed.

What Are the Current Barriers Perceived By Mental Health Occupational Therapy Practitioners to Accepting Fieldwork Students?

This study sought to examine current perceptions of challenges to accepting fieldwork students at mental health settings. Across all supervisory levels, more respondents perceived challenges to accepting students than not. A lack of time was the most frequently identified barrier to accepting level II fieldwork students, consistent with prior research (Tompson & Proctor, 1990). Perceiving a lack of time, however, did not appear to be an obstacle to accepting fieldwork students as previous research might suggest. In fact, findings from this study indicate that regardless of whether or not one is actively supervising, a perceived "lack of time" may be ever present. Furthermore, Tompson and Proctor suggested that a lack of expertise was a challenge to providing fieldwork education opportunities; however, very few respondents in this study indicated this perception. Also, the findings of this study do not correspond with those of Slogget et al. (2003), in that neither legal/ethical issues nor low census were perceived as significant challenges to accepting Level II fieldwork students.

What efforts have been made by mental health occupational therapy practitioners to promote student exposure to mental health fieldwork?

Researchers have indicated the importance of taking a proactive role in introducing mental health practice to occupational therapy students (Dallas & Starnes, 2004; Paul, 1996).

The present findings suggest that practitioners are making some efforts to address those recommendations identified in the literature. Participants indicated that they met with students interested in mental health, and practitioners have also sought to enhance student awareness of mental health practice by speaking in occupational therapy classes. Furthermore, participants appear to understand the importance of a positive fieldwork experience in mental health, and a majority of respondents appear to have done as Steele-Smith and Armstrong (2001) suggested by developing structured fieldwork programs.

What Factors Predict Student Numbers in Level I and Level II Mental Health Fieldwork?

The present study extends findings from prior research by identifying factors that predict the number of students engaged in mental health fieldwork education. The broad proactive strategy of "Set up a Structured Fieldwork Program" was consistently predictive of greater student numbers across the linear regression models. This finding supports the recommendation made by Steele-Smith and Armstrong (2001), and affirms the critical role proactive strategies are likely to serve in enhancing student enrollment in mental health fieldwork. These results also suggest guest lecturing and meeting with interested students as specific methods that are practiced more often by occupational therapists who are supervising fieldwork students. In fact, these methods are likely to play key roles in setting up structured fieldwork programs.

Regression models also identified "Perceives No Challenges" as a substantial variable in the prediction of students' participating in mental health fieldwork. This was interesting when contrasted with the finding that "Perceives Lack of Time" failed to be associated with student numbers. Apparently, time limitations as suggested by Tompson and Proctor (1990) are a clinical reality for the present sample; however, this perception did not appear to make a difference in terms of commitment to fieldwork education. Rather, perceiving no challenges to

offering a fieldwork placement was the more crucial variable in support of clinical education. The evidence from this study suggests that methods related to setting up structured fieldwork experiences, such as guest lecturing, are associated with fewer perceived challenges. Therefore, it is feasible to suggest that implementing a structured fieldwork program affords a mechanism to support clinical education, and serves to reduce the perception of this commitment as being challenging.

By distinguishing between discrete types of supervision, this study found an additional factor related to student fieldwork education that had not been identified in the extant literature. A statistically significant difference in the number of Level II fieldwork students was found between supervisors of Level II fieldwork and supervisors of both Level I and Level II fieldwork. That is, more Level II students were supervised over the two year period by clinicians who offered both forms of clinical education. A similar finding was made between Level I, and Level I and Level II supervisors. A linear regression model affirmed this finding, in terms of Level II supervision, such that clinicians who had engaged in both forms of supervision were more likely to have supervised a greater number of Level II students than practitioners supervising only Level II students. The coefficient identified in the regression model reflected that an additional 1.5 Level II students could be supervised over a two year period by clinicians engaged in both forms of fieldwork supervision, a substantial effect.

This finding implies a greater openness on the part of certain clinicians to take on more diverse roles as a supervisor. In supervising both fieldwork levels, not only are mechanisms in place to instruct both types of student, but practitioners may demonstrate a certain capacity or willingness to accept more students than those who only supervise one type of fieldwork.

Whatever the reason for this effect, neither years of clinical experience, type of mental health setting or perceptions of a lack of time has a significant influence.

Conclusion, Limitations and Implications for Future Research

These findings are important to the profession and suggest that providing mental health practitioners with information and assistance in setting up structured fieldwork programs for Level I and Level II students may increase the number of fieldwork opportunities available to fieldwork students. Tekell (2009) recently provided an overview of the fieldwork development process for clinicians. She identified important components of a structured fieldwork program and offered strategies to address many challenges associated with fieldwork supervision. Furthermore, time and energy spent in reducing or eliminating practitioner perceptions of challenges to providing Level II fieldwork experiences may increase the number of student fieldwork opportunities; guest lecturing may be a viable option for the interested clinician.

One limitation to generalizing the study findings was the 17% response rate. This may have been caused, in part, to study inclusion criterion requiring at least 20 hours of work per week in a mental health setting; such a stringent criterion may have eliminated MHSIS members who would have otherwise been eligible to participate in the study. Another possible reason for the low response rate may have been the different modes used for conducting the survey; by mail for recruitment, and by internet for survey completion. Unfortunately, AOTA did not include email addresses in the membership list purchased for this study. The decision to use an internet-based survey was made for reasons of cost, despite the possibility that response rates could be compromised by using different recruiting and responding modes (Schonlau, 2004). Also, the relatively high percentage of supervisors in our study may have been a result of self selection, and those who responded to the study may have had a vested interest in supervision.

Importantly, causality cannot be established because of the cross-sectional nature of the data; the implications of causal relationships are therefore only suggestive.

Future research should evaluate the effectiveness of efforts to promote mental health fieldwork exposure, the factors that lead mental health occupational therapists to proactively recruit and accept fieldwork students, and whether there are ample mental health fieldwork sites available to reinstate an educational standard mandating all occupational therapy students to participate in a mental health fieldwork placement. Research could also investigate the effects of curriculum structure or themes on fieldwork choice. It may also be beneficial to examine the inherent differences between mental health occupational therapy practitioners who choose to make proactive efforts and those who do not.

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Table Captions and Tables

TABLE 1 *Number of Level I and Level II Fieldwork Students Supervised Over a Two Year Period*

Sample Strata	Level I Mean (SD)	Median	Level II Mean (SD)	Median	Level I and II Combined Mean (SD)	Median
Entire Sample (N=85)	2.2 (3.0)	1	2.0 (2.5)	1	4.2 (4.8)	2
Supervisors Only (N=66)	4.0 (3.0)	3	3.0 (2.6)	2	8.0 (4.9)	7
Supervisors of Both Level I and II (N=37)	4.3 (3.2)	3	3.7 (2.6)	3		
Supervisors of Level II Only (N=19)			1.9 (2.0)	1		
Supervisors of Level I Only (N=10)	2.8 (1.7)	2				

TABLE 2 *Challenges to Accepting Level II Fieldwork Students*

Challenge	Count*	Percent (%)
Lack of time to devote to student supervision	31	37
There are no challenges	26	31
Other	26	31
No interest from occupational therapy educational programs	9	11
Negative past experiences with students	6	7
Lack of supervisory experience needed to supervise students	5	6
Administration is concerned about decreased productivity	4	5
Administrative or consultative position and do not provide direct care	3	4
Lack of clinical experience needed to supervise students	2	2
Administration does not support student fieldwork programs	2	2
Low census prohibits valuable fieldwork experience	2	2
No occupational therapy educational program in the area	1	1
Legal or ethical issues related to client confidentiality	1	1
Potential closure of facility	1	1

Note. *Respondents were asked to select all challenges that applied

TABLE 3 *Efforts Made by Respondents to Promote Mental Health Occupational Therapy Student Fieldwork*

Effort	Count*	Percent (%)
Met with students interested in mental health occupational therapy	57	67
Set up a structured fieldwork program	49	58
Guest Lectured in an occupational therapy class	40	47
Other	21	25
Invited academic fieldwork coordinators, students, or community to an open house	12	14
Provided input to the AOTA RA regarding mental health issues	11	13
Provided input to the ACOTE regarding educational standards regarding mental health fieldwork	7	8
Attended a public meeting to support occupational therapists as mental health practitioners	4	5

Note. *Respondents were given the option to select all that applied

TABLE 4 *Factors Predicting Success in Providing Mental Health Fieldwork Placements*

Dependent Variables (Model Independent Variables)	Unstandardized Coefficients		Standardized Coefficients		
	B	Standard Error	Beta	*t*	*p* value
Number of Level I & II Fieldwork Students (N = 85)					
Constant	.72	1.62		.45	.66
Years of Mental Health Experience	-.47	.55	-.08	-.86	.39
Practice Setting	.51	.94	.05	.54	.59
Perceives No Challenges	3.11	1.12	.30	2.78	<.01
Perceives Lack of Time	.74	1.06	.07	.69	.49
Set Up Structured Fieldwork	4.23	1.05	.44	4.04	<.001
Guest Lectured in OT Class	-.40	1.07	-.04	-.37	.71
Met with Interested Students	1.23	.98	.12	1.26	.21
Model R Square = .33, F (7,77)= 5.53, p < .001					
Number of Level II Fieldwork Students Only (N = 55)					
Constant	.43	.77		.55	.58
Perceives No Challenges	1.17	.65	.22	1.78	.08
Set Up Structured Fieldwork	1.49	.78	.24	1.93	.06
Supervision Status A	1.51	.66	.28	2.30	.03
Model R Square = .24, F(3,52) = 5.42 , p < .01					
Number of Level I Fieldwork Students Only (N = 46)					
Constant	2.12	.91		2.13	.03
Perceives No Challenges	1.29	.87	.21	1.49	.15
Set Up Structured Fieldwork	2.14	1.05	.34	2.04	.05
Supervision Status B	-.08	1.18	-.01	-.07	.95
Model R Square = .19, F(3,43) = 3.38, p = .03					

Note. Supervision Status A - supervised Level II or I & II; Supervision Status B - supervised Level I or I & II

TABLE 5 *Cross Tabulation Results of Supervision Status with Study Variables*

Variable	Statistic (df)	*p* value*
Years of Mental Health Experience	1.81 (2)	0.41†
Practice Setting	1.72(1)	0.19†
Perceives No Challenges		0.05‡
Perceives Lack of Time	1.25 (1)	0.26†
Set Up Structured Fieldwork Program		<0.01‡
Guest Lectured in OT Program		0.02‡
Met with Interested Students	6.90 (1)	0.01†

Note. Supervision Status (Did vs Did Not Supervise); N = 85
* two-sided *p* values;† Pearson Chi-Square; ‡Fisher's Exact Test.

Figure Captions and Figures

Figure 1. Percentage of occupational therapists reporting practice in a mental health setting.

Figure 2. Respondents' supervisory status over a 2-year period.

FIGURE 1. Percentage of Occupational Therapists Reporting Practice in a Mental Health Setting.

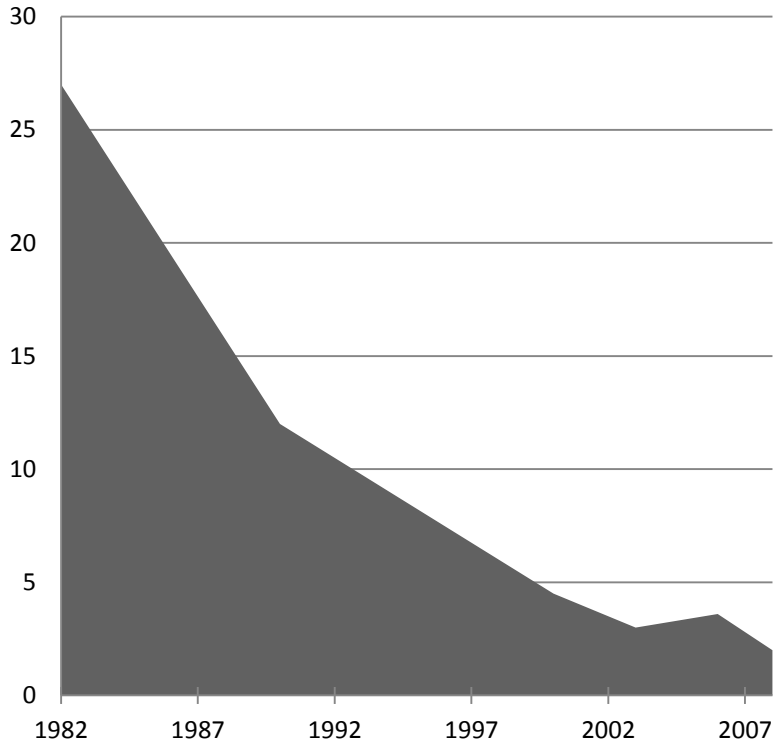

FIGURE 2 Respondents' Supervisory Status over a 2-Year Period.