

## So You Not A Psychologist, Then What Are You?

Whilst most people have heard of psychologists and psychiatrists (although people often confuse the two!) and understand them to be professionals qualified to work within the field of mental-health, many are not so sure about the professional skills an occupational therapist possesses and how they can be helped by this profession.

I am an Occupational Therapist and my specialist area is working within mental-health settings or in the community with people experiencing mental-health or emotional difficulties. I decided to write this article to explain what occupational therapist does and is trained to do within the field of mental-health.

Occupational Therapists believe that people have the ability to influence their own health and well-being through their occupations. Within occupational therapy the term "occupation" is used in its widest sense to refer to the wide variety of roles and activities that a person engages in during everyday life. Occupational Therapists recognize that occupations give structure and meaning to a person's life. Occupational Therapists believe that if a person is not able to engage in an adaptive way with occupations that are important and meaningful to them, this can have a detrimental effect on their well-being.

It is this approach to physical, psychological and social dysfunction that makes the Occupational Therapy profession unique. Occupational therapists are concerned with treating the effect of illness or injury as it relates to the person's ability to function. For example, an Occupational Therapist working within the specialist area of hand rehabilitation, would be very knowledgeable in biological sciences and physical medicine and be able to communicate and work allied to surgeons and physiotherapist colleagues working in this area. The difference would be that whilst the physiotherapist may focus on the restoration of, movement, and strength of the hand muscles, the Occupational Therapist would focus on the person's ability to use the hand during activity and occupations. So, an occupational therapist may spend time retraining the person to be able to grip a telephone or sign their name, if these were activities the person highlighted as important for them to work on.

Occupational Therapists have developed their own theories about occupation and also draw from the academic discipline occupational science. In addition, occupational therapists also need to understand information from a variety of other disciplines because they work with people experiencing illness, disease and social problems. Therefore, during the three to four years degree level training, an occupational therapist will be taught from disciplines such as sociology, psychology, psychiatry, physical medicine, developmental theory and biological sciences such as anatomy and physiology. Occupational Therapy's knowledge base includes these disciplines.

Occupational Therapists work in such a variety of settings and it would be impossible to have an in-depth understanding of information from all of the disciplines mentioned. Therefore, occupational therapists will usually specialise in an area after a few years of their career and develop a deeper understanding of theories and practices that are specific to their chosen area.

For example, an Occupational Therapist working within the field of mental-health will become knowledgeable about information from psychological and psychiatric disciplines and use such information and techniques in their everyday practice. They will also work alongside professionals from such disciplines, the OT's role to bring their unique understanding of occupational theories and models to the professional skills mix.

Occupational therapy has organized the vast amount of information from other disciplines into frames or reference. These frames of reference contain complementary theories that can be applied within a specific area of practice (Creech, 1997). Occupational Therapists specializing in mental health draw from frames of reference such as cognitive, cognitive behaviour, human developmental, occupational behaviour, psychodynamic and rehabilitative. Again, which frame of reference the occupational therapist used will depend on the unique needs of the client and also what is favoured by the setting in which they work or which approach is most supported by clinical evidence of effectiveness.

Occupational therapists working within the field of mental-health today, will often become very familiar and competent at working from and using techniques from the cognitive behavioural therapy frame of reference because this approach is currently very popular and well-researched. I now practice privately, working with individuals experiencing psychological, emotional and behavioural problems and my main frame of reference is Cognitive Behaviour Therapy, Edinburgh.

In sum, occupational therapists are highly qualified and professional trained healthcare practitioners who draw from the same knowledge base as other well-known professions, whilst at the same time having a unique focus that is occupational in nature. Occupational therapists focus on the person and their life as a whole as opposed to just focusing on symptoms and illness labels. Occupational Therapy is available from the NHS and there are now more and more occupational therapists practicing privately. The college of occupational therapists would be able to provide you with a list of private practitioners with specialist skills in different areas. I am able to offer Occupational Therapy, Edinburgh and Cognitive Behavioural

Therapy, Edinburgh.

## References

Creek, J. (1997). Occupational Therapy and Mental Health. Churchill Livingstone. London.

## About the Author

Karen is a mental health occupational therapist and also has a degree in Psychology. She has worked in NHS mental-health care and also practices Cognitive Behaviour Therapy Edinburgh, NLP Edinburgh and Hypnotherapy Edinburgh. Visit <http://www.karenhastings.co.uk> for more information.

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