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Exploring Occupational Therapy Student and Entry-Level Practitioner Perceptions of Mental Health Accommodations

Abstract

Mental health concerns are prevalent among occupational therapy graduate students and entry-level practitioners entering the workforce. Prior research has highlighted that the rise in mental health concerns and the high-achieving nature of occupational therapy students impacts their success in the classroom and the clinic. While formal and informal mental health accommodations are beneficial, obtaining and implementing such accommodations has been cited as a challenging process plagued with negative stigma. This study aimed to understand the perceived effectiveness of common academic and work-related mental health accommodations for meeting the role demands that occupational therapy students and practitioners encounter in the classroom, during fieldwork and capstone, and in entry-level practice. Data were gathered from 218 occupational therapy students and entry-level practitioners who completed an electronic survey, including checklists and Likert scale items. Results include the prevalence of mental health concerns, the use of formal and informal mental health accommodations, and the perceived effectiveness of mental health accommodations in meeting the role demands of occupational therapy students and entry-level practitioners. Participants reported that the commonly prescribed mental health accommodations effectively met role demands in academic and work settings. Qualitative responses to the survey provided a deeper understanding of these perceptions and the barriers students encountered when attaining or implementing such accommodations in the classroom and clinical settings. Implications for occupational therapy education address the prevalence of mental health concerns and the barriers occupational therapy students face when attaining and implementing mental health accommodations.

Keywords

Academia, workplace, mental health accommodations

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Exploring Occupational Therapy Student and Entry-Level Practitioner Perceptions of Mental Health Accommodations

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ABSTRACT

Mental health concerns are prevalent among occupational therapy graduate students and entry-level practitioners entering the workforce. Prior research has highlighted that the rise in mental health concerns and the high-achieving nature of occupational therapy students impacts their success in the classroom and the clinic. While formal and informal mental health accommodations are beneficial, obtaining and implementing such accommodations has been cited as a challenging process plagued with negative stigma. This study aimed to understand the perceived effectiveness of common academic and work-related mental health accommodations for meeting the role demands that occupational therapy students and practitioners encounter in the classroom, during fieldwork and capstone, and in entry-level practice. Data were gathered from 218 occupational therapy students and entry-level practitioners who completed an electronic survey, including checklists and Likert scale items. Results include the prevalence of mental health concerns, the use of formal and informal mental health accommodations, and the perceived effectiveness of mental health accommodations in meeting the role demands of occupational therapy students and entry-level practitioners. Participants reported that the commonly prescribed mental health accommodations effectively met role demands in academic and work settings. Qualitative responses to the survey provided a deeper understanding of these perceptions and the barriers students encountered when attaining or implementing such accommodations in the classroom and clinical settings. Implications for occupational therapy education address the prevalence of mental health concerns and the barriers occupational therapy students face when attaining and implementing mental health accommodations.

Introduction

As many as 12% of graduate students have a disability that would benefit from reasonable accommodations (Parker Harris et al., 2019). The rise in mental health conditions, like anxiety and depression, among graduate students poses a threat to successful completion of occupational therapy curricula rooted in foundational knowledge and clinical competence (DaLomba et al., 2021). Perfectionism, drive for high performance in coursework, and fear of stigmatization surrounding disclosure have resulted in poor coping and increased stressors among graduate students, including those in occupational therapy programs (DaLomba et al., 2021; Ozelie et al., 2019). Ozelie et al. (2019) cited anxiety disorder and depression as the top two mental health diagnoses impacting occupational therapy students. These mental health conditions pose unique challenges to occupational engagement as symptoms may not be visually evident to others and may result in misperceptions of performance (Invisible Disabilities Association, n.d.). Moreover, more students reported invisible (mental) than visible (physical) disabilities, and students with invisible disabilities had increased difficulty navigating the demands of the occupational therapy program compared to those who reported visible disabilities (Ozelie et al., 2019).

While research on occupational therapy practitioners' experiences is limited, evidence surrounding the incidence of mental health concerns among the general workforce is abundant. Approximately 20% of American workers are diagnosed with a mental health condition that may benefit from the provision of reasonable workplace accommodations (Darley, 2020). Similar barriers due to mental health stigma and a lack of consensus on what is reasonable surround the accommodation process in the work setting (Bell, 2015; Bolo et al., 2013; Hickox & Hall, 2018). These barriers pose significant concerns, as only one-third of the workforce receive the mental health accommodations they need to be productive and successful (Bell, 2015; Bolo et al., 2013; Hickox & Hall, 2018).

Literature Review

Mental Health

Mental health is not simply the absence of mental illness but rather the ability of an individual to cope with daily stressors, be productive, and make meaningful contributions through engagement in their roles and responsibilities (DaLomba et al., 2021; World Health Organization {WHO], 2018). Approximately 50% of Americans are diagnosed with mental health concerns, with 20% of Americans experiencing mental illness each year (Centers for Disease Control [CDC], 2018). A mental illness is a health condition in which a person's emotions, thoughts, or behaviors change, making it difficult to care for themselves or others and meet the expectations of their roles and responsibilities (American Psychiatric Association [APA], 2021). Mental health concerns negatively impact one's thoughts, mood, and physical well-being in a given situation or for a given amount of time (American Occupational Therapy Association [AOTA], 2020b; CDC, 2018). These concerns are different from mental illness. Poor mental health, including mental health concerns and mental illness, may be due to how one handles challenges, copes with stress, and forms relationships (APA, 2021).

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Occupational therapy practitioners must holistically address mental health with all individuals (AOTA, 2021). This call to action includes addressing the mental health and well-being of occupational therapy students and practitioners so that individuals feel respected, included, and valued for their unique contributions regardless of invisible differences, like mental health concerns (AOTA, 2021). Leaders in academia and clinical practice should reduce the stigma surrounding mental health concerns and mental illness and remove the obstacles, barriers, and discrimination associated with securing reasonable accommodations (Bell, 2015; Hickox & Hall, 2018).

Mental Health Accommodations

Mental health accommodations include formal reasonable accommodations and informal adaptations that are self-identified by the individual. Formal reasonable accommodations include modifications to work or school-related processes, tasks, or activities that allow a person with a visible or invisible disability to perform the essential functions of their role and enjoy equal opportunities with peers and colleagues while not creating undue hardship for others (ADA National Network, 2018). Examples of reasonable accommodations include a private space for exams or extended time to complete exams. Informal adaptations are methods one uses throughout daily activities to respond to the demands or barriers they encounter during activities (AOTA, 2020b). These could include strategies like deep breathing or the use of a planner to track important deadlines.

Academic Accommodations. Reasonable accommodations promote accessibility in higher education (Abreu et al., 2016; Kendell, 2016; Parker Harris et al., 2019). However, the complexity of the accommodation process requires that students be self-advocates to ensure they can obtain accommodations that address their unique needs (Kartovicky, 2020). While higher education institutions must provide reasonable accommodations, the student must initiate and carry out a process often rooted in complicated documentation requirements, misperceptions, and stigma (Kartovicky, 2020; Kim & Lee, 2016). One barrier to the accommodation process is that these accommodations are often viewed as special treatment rather than a means of creating equal access (Parker Harris et al., 2019). These negative perceptions and the stigma surrounding mental illness create additional hurdles for students (Kendell, 2016; Parker Harris et al., 2019). Additionally, while promoted in some literature, universal design to accommodate all learners' mental health needs has also been described as counterproductive and unrealistic, given the unique needs of each student (Parker Harris et al., 2019). Physician-prescribed accommodation recommendations are often not rooted in evidence, which results in a generalized approach that may not meet an individual student's needs (Abreu et al., 2016; Kendell, 2016; Parker Harris et al., 2019).

Students may not pursue mental health accommodations due to these barriers; instead, they may struggle to manage their responsibilities and fulfill the expectations of their student role (Kartovicky, 2020; Ozelie et al., 2019). Occupational therapy students are not immune to these concerns. Ozelie et al. (2019) found that approximately 40% of the occupational therapy students with diagnosed mental illness in their study did not disclose their disability during the didactic portion of their curriculum. Only a fraction of

the students in their research pursued accommodations during fieldwork despite identifying a barrier to successful completion. Occupational therapy students have the right to choose not to disclose mental health concerns or accommodation needs. Academic fieldwork and capstone coordinators cannot reveal student-specific information to fieldwork or capstone sites without the student's permission (Ozelie et al., 2019).

Workplace Accommodations. Reasonable accommodations in the workplace involve an interactive process to identify changes to a task or environment that allows a person with a physical or mental disability who is otherwise qualified for the role to complete the job functions equitably to their colleagues (Northwest ADA Center, 2018). Common workplace examples of reasonable accommodations include flexible scheduling or telework, breaks, sick leave, environmental modifications, alternative formats (e.g., written versus verbal instructions), service animals, equipment or technology, and reassignment of duties (Darley, 2020; Northwest ADA Center, 2018). Employers with 15 or more employees are legally obligated to provide such accommodations; however, these requirements vary by state (Northwest ADA Center, 2018). Despite the abundance of accommodations available to meet a worker's needs, employees may not receive the necessary support due to barriers in the process which are often rooted in the stigma of mental illness (Mellifont et al., 2016). Ultimately, the employer determines the reasonable accommodations provided to meet the functional demands of the given role (Northwest ADA Center, 2018).

Accommodations Linking the Classroom to the Clinic. Research surrounding mental health accommodations is prevalent for those in undergraduate programs and the general workforce (Parker Harris et al., 2019; Sundar, 2017). However, there is limited evidence surrounding the accommodation experiences of graduate students broadly (Parker Harris et al., 2019). There is also a lack of evidence surrounding the experiences of graduate students in clinical programs that include didactic and clinical components. These programs increase the complexity of attaining and implementing such accommodations and translating such accommodations to their role as healthcare professionals (Ozelie et al., 2019). Additional research is needed to understand the complexity of the accommodation process and to identify the most effective accommodations for meeting an individual's roles and responsibilities.

Theoretical Foundation

The Occupational Adaptation frame of reference explores the interactions between a person and their occupational environment as part of everyday life experiences and those experiences that arise with an illness, injury, or other disruptions (Schkade & Schultz, 1992; Schultz & Schkade, 1992). Within this frame of reference, occupations provide the foundation from which humans adapt to changing demands based on one's inner motivation. Significant changes or disruptions require more occupational adaptation and increase the likelihood of disruption, indicating that those with mental health concerns may experience a greater need for adaptation. One's adaptive capacity, or ability to recognize when their responses to daily life events are ineffective and adjust their approach to meet challenges, involves a person's ability to recognize the need for

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change so that relative mastery can occur. Relative mastery is a self-assessment of responses to occupational challenges based on the efficiency and efficacy of their response and if they are satisfied with their response based on self-perceptions or external expectations. Successful occupational adaptation is apparent when one experiences improved mastery, when one can generalize prior adaptations to new occupational challenges, and when one can create novel adaptations (Schkade & Schultz, 1992; Schultz & Schkade, 1992).

This frame of reference served as a foundation for this study by providing a method for understanding the challenges students and entry-level practitioners may face and the mental health accommodations that may be beneficial for doing so. It was believed that successful adaptation during graduate school, fieldwork, capstone experiences, and entry-level practice could be limited if one is experiencing mental health concerns. However, the Occupational Adaptation frame of reference was used to ensure a focus on faulty processes rather than flawed people, which is critical for reducing the stigma of mental illness.

Purpose

This study aimed to describe the perceived effectiveness of academic and work-related mental health accommodations in meeting the role demands occupational therapy students and practitioners encounter in the classroom, during fieldwork or capstone, and in entry-level practice. The research question was: To what extent do occupational therapy students and entry-level practitioners rate commonly prescribed academic and work-related accommodations for mental health concerns as effective for meeting the role demands encountered in the classroom, during fieldwork or capstone, and in entry-level practice?

Methodology

Institutional Review Board

This study was approved by the university's Institutional Review Board (IRB-21-177). All participants provided informed consent to participate in the study through their response acknowledging the informed consent and opting to participate in the study as the first survey question.

Design

This exploratory survey study investigated occupational therapy students' and entry-level practitioners' perceptions of mental health accommodations that could be employed in occupational therapy education and clinical practice to meet role expectations within each setting (Portney, 2020). The cross-sectional survey design for this exploratory study was appropriate as the study collected descriptive and subjective data from a specific group to describe overall perceptions of these accommodations (Portney, 2020).

Participants

Participants were occupational therapy students in the didactic portion of their curriculum, occupational therapy students on fieldwork or capstone, and entry-level occupational therapists in their first two years of practice. Participants included those with no diagnosis or history of mental health concerns, those with an informal or self-identified diagnosis, and those with a formal diagnosis. Participants in this study did not need to have a formally diagnosed mental illness to participate in the survey. Their first-hand experience provided an appropriate lens for determining their perceptions of the effectiveness of academic and work-related mental health accommodations to meet the role demands in each setting. This approach captured their unique perspectives on the effectiveness of the accommodations included in the survey.

Inclusion Criteria

Survey responses were included if participants self-identified as a student in the didactic portion of an accredited occupational therapy program, a Level II fieldwork or capstone student, or an entry-level occupational therapist with less than two years of experience. Participants were required to complete the informed consent process and electronic survey independently, be proficient in English and have access to a phone or computer with internet access. Survey responses were excluded if the participant did not meet the inclusion criteria based on self-report of being an occupational therapy student or entry-level occupational therapist based on the demographic survey questions or if they did not complete the survey.

Recruitment

Electronic flyers, including a link to a Qualtrics survey (https://www.qualtrics.com/), were disseminated via email correspondence by asking occupational therapy program Chairs and Academic Fieldwork Coordinators in the United States to disseminate the survey flyers among their current and past students, email correspondence requesting that employers forward the survey flyers to appropriate students and practitioners, and by sharing the electronic flyer on a variety of personal and professional social media platforms, professional email listservs, and through word of mouth.

Sampling

The electronic survey allowed for nonprobability sampling of a diverse group of participants from regions throughout the United States (Leedy & Ellis Ormrod, 2019). The convenience sample of occupational therapy students and practitioners who self-selected to participate limited the generalization of the findings to all occupational therapy students and entry-level practitioners (Leedy & Ellis Ormrod, 2019). However, it also provided an opportunity to include a larger sample from various academic programs and work-related settings. This sampling approach, where participants self-selected to complete the survey, was ideal given the occupational therapy profession's focus on mental health and decreasing stigma surrounding mental health concerns.

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Proposed Sample Size

The most recently published data from AOTA indicates that in the United States, 22,644 students are enrolled in accredited occupational therapy programs, and 7,745 entry-level practitioners have passed the national board exam required for clinical practice (Harvison, 2020). Based on this census involving a total sample larger than 10,000 people, an appropriate sample size for this descriptive survey research was identified as approximately 400 participants given a ± 5% margin of error and a 95% confidence interval (Portney, 2020), with 133 participants per group: 1. students in the didactic portion of their curriculum, 2. students on fieldwork or capstone, and 3. entry-level practitioners.

Data Collection

A Qualtrics survey (https://www.qualtrics.com/) was developed to explore perceptions of commonly prescribed academic and work-related mental health accommodations among three groups of participants: 1. Occupational therapy students in the didactic portion of the curriculum, 2. Occupational therapy students on fieldwork or capstone, and 3. entry-level occupational therapists. Responses to the survey were anonymous to encourage participants to report mental health concerns and accommodations while decreasing the stigma of non-anonymous surveys or face-to-face encounters (Leedy & Ellis Ormrod, 2019). Before dissemination, the survey tool was piloted with experts and the targeted survey population to establish content validity. Pilot participants included an occupational therapy student in the didactic portion of an occupational therapy doctorate curriculum, one student on fieldwork, one student on capstone, four people working in human resources, a university disability services officer, three entry-level occupational therapists, one academic fieldwork coordinator, and one faculty member from both masters and doctorate-level programs. Feedback from the pilot resulted in clarification to survey directions to rank academic and work-related accommodations regardless of one's role.

Survey Tool

The survey was comprised of questions and checklists regarding demographic characteristics and mental health status, Likert scale items, and open-ended questions exploring the extent to which occupational therapy students and entry-level practitioners rated commonly prescribed academic and work-related accommodations for mental health concerns as effective for meeting the role demands they encountered in the classroom, on fieldwork, and in entry-level practice. Common limitations surrounding checklist and Likert scale items, such as lacking the rationale behind responses and variability in the interpretation of the rating scales, were addressed via the inclusion of definitions of terminology within the survey and open-ended questions for providing feedback or additional details (Leedy & Ellis Ormrod, 2019).

The survey progressed based on responses provided to earlier questions. If participants reported a history of mental health concerns, additional questions explored if these concerns were formally or informally diagnosed. They also responded to questions aligning with the diagnostic criteria associated with common mental health concerns like anxiety and depression due to the prevalence of such conditions among students and

workers (Mental Health America, 2021). These criteria included the frequency and duration of mental and physical symptoms associated with anxiety and depression to align the participants' responses with formal and informal mental health diagnoses (CDC, 2018; Locke et al., 2015; Maurer et al., 2018). Table 1 includes examples of survey questions.

If participants reported using academic or work-related mental health accommodations, they were also asked to identify if they disclosed the need for accommodations and to complete an open-ended question asking them to describe any barriers they experienced when requesting or implementing such accommodations. Regardless of mental health status or use of mental health accommodations, all participants ranked the commonly prescribed academic and work-related mental health accommodations based on their perception of the effectiveness of such accommodations for meeting role-specific demands in each setting. Finally, all participants had the opportunity to provide feedback through open-ended questions at the end of the survey to identify any details the survey may not have captured.

Table 1

Examples of Survey Questions

Do your mental health concerns include any of the following symptoms? • *Restlessness; Easily fatigued; Difficulty concentrating; Irritability; Muscle-tension; Sleep disturbance (too little or too much); Depressed mood most of the day or nearly every day; Loss of interest or pleasure in all or most activities; Significant weight loss or weight gain or change in appetite; Feelings of worthlessness or guilt*	Select all that apply
During the past 30 days, how many days have you experienced these symptoms?	*Sliding scale from 0-30*
Have you experienced the symptoms for at least six months?	*Yes/No*
Do these symptoms impact your participation in daily activities?	*Always; Most of the time; About half the time; Sometimes; Never*
Please rate commonly prescribed academic-related mental health accommodations for mental health concerns as effective for meeting the role demands an occupational therapy student may encounter in fieldwork. • *Quiet, private testing space; Frequent meetings with faculty or additional office hours; Flexible credit load or timing of courses; Access to technology to modify the format of documents or to record lectures; Extended time for testing and assignments;*	Scale: *Very ineffective; Moderately ineffective; Ineffective; Effective; Moderately*

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Alternative forms of assessments (e.g., oral vs. written exams); Notetaking assistance; Leaving classroom as needed, taking breaks, or excused absences; Universal design of physical environment; Service or emotional support animals	*effective, Very effective*
Please rate commonly prescribed work-related accommodations for mental health concerns as effective for meeting the role demands an occupational therapist may encounter in entry-level practice. • *Quiet workplace design with partitions, soundproofing, or headphones; Regular meetings with supervisor, job coach, mentor, or peers; Flexible scheduling; Reassignment of work-related activities; Time management, organizational, or memory tools; Service or emotional support animals; Extended training period; Decreased productivity standards, self-paced work, or frequent breaks; Time off for treatment; Access to employee assistance programs (e.g., onsite counseling or wellness services)*	Scale: *Very ineffective; Moderately ineffective; Ineffective; Effective; Moderately effective, Very effective*

Data Analysis

Data analysis was completed via IBM SPSS (Version 27) predictive analytics software. Nominal survey items included mutually exclusive responses, making frequencies accompanied by percentages as the most appropriate descriptive statistic. These items included the participant's status as an occupational therapy student or an entry-level occupational therapist, their gender, the region they reside in, their personal experience of mental health concerns, whether these concerns were self-identified or formally diagnosed, and whether or not they used mental health accommodations in the classroom or clinical setting. Ratings on ordinal items relating to the participant's perceived mental health status, the degree they perceived their mental health impacting daily activities, and their perceptions of classroom and workplace mental health accommodations were analyzed using frequencies, range, percentiles, and median scores. One ratio scale item from the survey (an occupational therapy practitioner's length of practice) was reported using the mean and standard deviation. Cross-tabulations combining variables were completed to identify the occurrence of each combination (Cronk, 2018).

Results

A total of 286 survey responses were obtained. Of these, 218 were complete responses from 96 occupational therapy students in the didactic portion of the curriculum, 60 occupational therapy students on fieldwork or capstone, and 62 entry-level occupational therapists. The number of student (*n*=158; 72%) versus occupational therapist (*n*=62; 28%) participants was comparable to the total population of occupational therapy students (*n*=22,644; 75%) and entry-level occupational therapists (*n*=7,745; 25%) in the United States identified by Harvison (2020). The remaining survey responses were not included due to the status of being an occupational therapy assistant student or practitioner (*n*=9) or due to incomplete files such as not completing questions beyond occupational therapy student or practitioner status (*n*=17) or not ranking both academic and work-related accommodations (*n*=58 including 20 occupational therapy students in the didactic portion of the curriculum, six occupational therapy students on fieldwork or

capstone, and 16 entry-level occupational therapists). Only minimal differences were noted among the percentages of included and excluded surveys in each group. The average length of practice among the 62 entry-level occupational therapists included in the study was 9.52 months (SD= 6.47). Table 2 includes demographic information and Table 3 includes mental health-related information for the 218 participants.

Table 2

Demographic Information

Status									
Student Didactic				Student FW/C				Occupational Therapist	
n=96	44%			*n*=60	27.5%			n=62	28.5%
Age									
20-24		25-29		30-35		35-39		40+	
Student Didactic									
n=21	21.88%	*n*=63	65.63%	*n*=0	0%	*n*=8	8.33%	*n*=4	4.17%
Student FW/C									
n=1	1.67%	*n*=47	81.67%	*n*=6	10.00%	*n*=4	6.67%	*n*=2	3.33%
Occupational Therapist									
n=1	1.61%	*n*=49	79.03%	*n*=7	11.29%	*n*=4	6.45%	*n*=1	1.61%
Gender									
Male				Female				Non-binary/3rd gender	
Student Didactic									
n=4	4.17%			*n*=90	93.75%			*n*=2	2.08%
Student FW/C									
n=3	5.00%			*n*=56	93.33%			*n*=1	1.67%
Occupational Therapist									
n=3	4.84%			*n*=58	93.55%			*n*=1	1.61%
Region									
Northeast		Southeast		Midwest		West		Southwest	
Student Didactic									
n=12	12.50%	*n*=9	9.38%	*n*=58	60.42%	*n*=11	11.46%	*n*=6	6.25%
Student FW/C									
n=9	15.00%	*n*=6	10.00%	*n*=35	58.33%	*n*=9	15.00%	*n*=1	1.67%
Occupational Therapist									
n=9	14.52%	*n*=6	9.68%	*n*=30	48.39%	*n*=10	16.13%	*n*=7	11.29%

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Table 3

Mental Health-related Information

Rating of MH									
Very Poor		Poor		Fair		Good		Very Good	
Student Didactic									
n=5	5.21%	*n*=7	7.29%	*n*=27	28.12%	*n*=34	35.42%	*n*=3	3.13%
Student FW/C									
n=1	1.67%	*n*=3	5.00%	*n*=21	35.00%	*n*=25	41.67%	*n*=1	1.67%
Occupational Therapist									
n=0	0%	*n*=3	4.84%	*n*=21	33.87%	*n*=23	37.09%	*n*=1	1.61%

Knowledge of Accommodation Process			
Familiar		Somewhat Familiar	
Student Didactic			
n=53	55.21%	*n*=43	44.79%
Student FW/C			
n=15	25.00%	*n*=45	75.00%
Occupational Therapist			
n=18	29.03%	*n*=44	70.97%

Concerns of MH in Academia among Students			
Students in Didactic		Students on FW/C	
Yes	No	Yes	No
n=82 85%	*n*=14 15%	*n*=55 92%	*n*=5 8%

Concerns of MH in Workplace among Occupational Therapists	
Yes	No
n=50 81%	*n*=12 19%

Impact of MH on ADLs									
Always		Most of the time		About half the time		Sometimes		Never	
Student Didactic									
n=5	5.21%	*n*=26	27.08%	*n*=20	20.83%	*n*=29	30.21%	*n*=15	15.63%
Student FW/C									
n=0	0%	*n*=14	23.33%	*n*=11	18.33%	*n*=24	40.00%	*n*=11	18.33%
Occupational Therapist									
n=2	3.23%	*n*=8	12.90%	*n*=7	11.29%	*n*=30	48.39%	*n*=15	24.19%

Participants reporting mental health concerns were asked to indicate symptoms they had experienced (see Table 4). Among those with mental health concerns (n=182), the average duration of symptoms over the past 30 days was M=13.72 days (SD= 8.63), 95% [10.30-12.81]. Of the participants who had experienced mental health concerns (n=182), 67.9% (*n*= 148, 95% [.613-.740]) reported these concerns lasting more than six months. Table 5 includes the number of participants reporting formal and informal diagnoses of mental health concerns and the use of mental health accommodations in the academic or work setting. One of the 14 didactic students who identified as not having mental health concerns in academia did identify as having a formal mental health diagnosis. All participants, regardless of identified status of mental health diagnosis, could respond to the use of mental health accommodations. The number of

participants in each group who identified as having a formal mental health diagnosis did not align with the number of participants reporting use of mental health accommodations.

Table 4

Mental Health Symptoms Reported by Participants

Symptom	Didactic Student *n*=96		Fieldwork or Capstone Student *n*=60		Entry-Level Occupational Therapist *n*=62	
Restlessness	*n*=48	50.00%	*n*=33	55.00%	*n*=24	38.71%
Easily Fatigued	*n*=62	64.58%	*n*=40	66.67%	*n*=37	59.68%
Difficulty Concentrating	*n*=74	77.08%	*n*=45	75.00%	*n*=33	53.23%
Irritability	*n*=60	62.50%	*n*=43	71.67%	*n*=29	46.77%
Muscle Tension	*n*=37	38.54%	*n*=40	66.67%	*n*=28	45.16%
Sleep Disturbance	*n*=63	65.63%	*n*=39	65.00%	*n*=34	54.84%
Depressed Mood	*n*=32	33.33%	*n*=20	33.33%	*n*=12	19.35%
Loss of Pleasure/Interest	*n*=34	35.42%	*n*=26	43.33%	*n*=19	30.64%
Weight Changes	*n*=27	28.13%	*n*=17	28.33%	*n*=11	17.74%
Feelings of Hopelessness	*n*=40	41.67%	*n*=21	35.00%	*n*=22	35.48%

Note: n= number of participants reporting symptom

Table 5

Status of Diagnosis and Accommodation Use

Participants	Didactic Student *n*=96		Fieldwork or Capstone Student *n*=60		Entry-Level Occupational Therapist *n*=62	
MH Diagnosis Formal	*n*=11	11.5%	*n*=12	20.0%	*n*=7	11.2%
MH Diagnosis Informal	*n*=72	75.0%	*n*=43	71.7%	*n*=43	69.4%
MH Diagnosis None	*n*=13	13.5%	*n*=5	8.3%	*n*=12	19.4%
MHA Yes	*n*=18	18.8%	*n*=8	13.3%	*n*=8	12.9%
MHA No	*n*=75	78.1%	*n*=48	80.0%	*n*=48	77.4%
MHA NA	*n*=3	3.1%	*n*=4	6.7%	*n*=6	9.7%

Note: Numbers in the table refer to the total number of participants aligning with the given characteristic, MH= mental health, MHA= mental health accommodation.

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Cross tabulations were completed on the quantitative results of the survey. Frequency distributions were conducted for several variable combinations, including rankings of perceptions of the effectiveness of academic and work-related mental health accommodations among occupational therapy students in the didactic portion of the curriculum, occupational therapy students on fieldwork or capstone, and entry-level occupational therapists. See Tables 6 and 7 for the median scores for each category. Table 8 includes overall median scores for each category.

Table 6

Perceptions of Academic and Work-Related Mental Health Accommodations based on Mental Health Status

	Didactic *n*= 96			**Fieldwork / Capstone *n*= 60**			**Entry-level *n*= 62**		
Academic Adaptive Response	F *n*= 11	I *n*= 72	N *n*= 13	F *n*= 12	I *n*= 43	N *n*= 5	F *n*= 7	I *n*= 43	N *n*= 12
Quiet space	6	4	4	4	5	4	4	4	4
Meetings	4	4	5	4	4	4	4	5	5
Flexible load	4	5	4	5	4	4	6	4	4
Technology	5	4	5	4	4	4	4	4	4.5
Extended time	6	5	4	4	5	4	5	5	4
Access	4	4	4	4	4	4	4	4	4
Notetaking	4	4	4	4	4	4	4	4	4
Breaks	6	5	6	4	5	4	6	5	4
Univ. Design	4	4	4	4	4	5	4	5	4
Animal	4	4	4	4	4	4	6	4	4.5
Work Adaptive Response	F *n*= 11	I *n*= 72	N *n*= 13	F *n*= 12	I *n*= 43	N *n*= 5	F *n*= 7	I *n*= 43	N *n*= 12
Quiet space	4	4	4	4	4	6	6	5	4
Meetings	4	5	5	4	4	6	5	5	5
Flexible schedule	5	5.5	5	6	5	5	6	6	5
Reassign duties	4	4	4	4	4	4	5	4	4
Tools	5	5	4	4	5	4	6	5	5
Animal	4	4	4	4	4	4	6	4	4

Training	5	5	4	4.5	5	6	5	5	5
Productivity	5	4.5	4	5	4	5	6	5	5
Leave	5	5	4	4.5	4	4	5	6	4
EAP	5	5	5	4	5	6	4	5	5

Note: Table 1 includes complete terms for the academic and work-related mental health accommodations. Participants were grouped based on those with a formal mental health diagnosis= F, an informal mental health diagnosis= I, and no mental health diagnosis= N. Median scores in the table: 4= Effective, 5= Moderately effective, and 6= Very effective.

Table 7

Perceptions of Academic and Work-Related Mental Health Accommodations based on Accommodation Use

	Didactic *n*= 96		**Fieldwork / Capstone *n*= 60**		**Entry-level *n*= 62**	
Academic Adaptive Response	A *n*= 11	NA *n*= 85	A *n*= 12	NA *n*= 48	A *n*= 8	NA *n*= 54
Quiet space	5.5	4	4	4.5	5.5	4
Meetings	4	4	4	4	5	5
Flexible load	4	5	5	4	5.5	5
Technology	5.5	4	5	4	4.5	4
Extended time	6	5	4.5	5	4.5	5
Access	4	4	4	4	4	4
Notetaking	4	4	5	4	4	4
Breaks	5	5	6	5	5.5	5
Univ. Design	4	4	4.5	4	5	4
Animal	4	4	5.5	4	6	4
Work Adaptive Response	A *n*= 11	NA *n*= 85	A *n*= 12	NA *n*= 48	A *n*= 8	NA *n*= 54
Quiet space	4	4	5	4	6	5
Meetings	5	5	5	4	6	5
Flexible schedule	6	5	6	5	6	6
Reassign duties	4	4	4.5	4	4	4
Tools	5.5	5	5	5	5	5
Animal	4	4	6	4	5.5	4
Training	5	4	5	5	6	5
Productivity	5	4	5	5	5	5
Leave	6	4	6	4	4.5	6
EAP	5	5	5	4.5	6	5

Note: Table 1 includes complete terms for the academic and work-related mental health accommodations. Participants were grouped based on those who used mental health accommodations= A and those who did not use mental health accommodations= NA. Median scores in the table: 4= Effective, 5= Moderately effective, and 6= Very effective.

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Table 8

Overall Perceptions of Academic and Work-Related Mental Health Accommodations

Academic Adaptive Response	Quiet space	Meetings	Flexible load	Technology	Extended time	Access	Notetaking	Breaks	Univ. Design	Animal
Didactic *n*= 96	4	4	4	5	5	4	4	5	4	4
Fieldwork/ Capstone *n*= 60	4	4	4	4	5	4	4	5	4	4
Entry-level *n*= 62	4	5	4.5	4	5	4	4	5	4	4
Work Adaptive Response	Quiet space	Meetings	Flexible schedule	Reassign duties	Tools	Animal	Training	Productivity	Leave	EAP
Didactic *n*= 96	4	5	5	4	5	4	4.5	4	5	5
Fieldwork/ Capstone *n*= 60	4	4	5	4	5	4	5	5	4	5
Entry-level *n*= 62	5	5	6	4	5	4	5	5	5	5

Note: Table 1 includes complete terms for the academic and work-related mental health accommodations. Overall median scores for each group are included in the table: 4= Effective, 5= Moderately effective, and 6= Very effective.

Open-Ended Questions

Open-ended survey questions allowed participants to offer additional details surrounding their responses. These open-ended questions were generated based on their response to initial survey responses. As part of the survey, participants who identified as having a mental health diagnosis were asked two additional questions to identify if they disclosed the need for mental health accommodations and if they experienced any barriers in disclosing or implementing such accommodations. Four entry-level occupational therapists, who identified as having a mental health diagnosis, shared that they did not disclose their need for mental health accommodations in the workplace. None of the remaining entry-level occupational therapists who identified as having a mental health diagnosis reported barriers surrounding disclosing such needs in the workplace.

All 23 occupational therapy students who identified as having a mental health diagnosis responded to the open-ended questions surrounding disclosure and barriers in the disclosure process. Of these students, three participants reported that they did not disclose the need for mental health accommodations in the classroom. One participant indicated they did not share the need for such accommodations with their Level II fieldwork site. These four participants were not prompted to answer the question about barriers related to the disclosure process. Seven of these participants shared they did not encounter barriers when disclosing their mental health accommodations needs, indicating that faculty, fieldwork educators, and capstone site mentors were supportive and accommodating. One participant expressed positive feelings about receiving help, and another shared that accommodations helped them decrease symptoms and meet academic expectations. Students shared examples of mental health accommodations, including flexible credit load, extra time, excused absences, extended leave, and quiet testing space. In addition to mental health accommodations, four participants shared that they also took medications for mental health conditions.

Of the 23 students who responded to these open-ended questions, 13 reported barriers or challenges surrounding their experiences with mental health accommodations. Examples included the complexity of the process for attaining accommodations, the length of time it took the information to get to faculty, and the repetitive nature of explaining their needs or getting appropriate medical documentation to be eligible for such accommodations. Some accommodations were more challenging to have recognized by faculty, such as extra time for exams, excused absences for mental health appointments, reduced distractions or private testing space, notetaking assistance, and advanced notice of trigger warnings. Additionally, students reported concerns with inconsistent or negative responses among faculty within their department or a lack of confidentiality following disclosure. One student was told that accommodation needs would be a barrier to their Level II fieldwork placement. Another student was told they did not belong in an occupational therapy program and would be more successful as an occupational therapy aide. Finally, another student was told fieldwork sites, the workplace, and the real world would not accommodate or care about their needs.

All participants, regardless of whether they had mental health diagnoses or received accommodations, had the opportunity to share feedback at the end of the survey through one additional open-ended question. Responses to this question encompassed general comments surrounding mental health concerns and experiences in academia and various work settings. Several key themes emerged. Mental health stigma posed barriers and complicated discussing mental health concerns and accommodation needs. Two participants indicated the mental health symptoms listed in the survey did not coincide with their symptoms but did not offer alternative descriptions. One student shared that they entered graduate school with previously recognized mental health accommodations for test anxiety. Still, they were scared to seek assistance for their mental health needs because they were told the condition was not a real problem. This

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same student shared they had not sought medical assistance to avoid mental health stigma. Another participant linked their anxiety to a diagnosis of dyslexia, indicating that the combination of a mental health condition and a learning disability posed additional challenges.

Mental health concerns were described as a weakness or a barrier to success in an occupational therapy program. Accommodation requests may be perceived as a hardship for others, and attaining accommodations is complex and met with a negative stigma. While students reported being aware of mental health services, they cited concerns with long waitlists as barriers to receiving necessary assistance. Students reported that academic programs could help students by offering flexible assignment expectations, validating students' feelings, promoting the use of mental health services, and being sensitive to the stress associated with graduate school.

A participant shared that the combination of the COVID-19 pandemic and entry into the profession was a source of the mental health concerns they were experiencing. Another participant shared the support of one's peers or colleagues, and the provision of mental health awareness training helped overcome barriers or address mental health stigma in the workplace. The mental health accommodations identified in the survey were unavailable in one participant's workplace; however, no additional details were provided.

Discussion

This study aimed to describe the perceived effectiveness of commonly prescribed academic and work-related mental health accommodations for meeting the role demands occupational therapy students and practitioners encounter in the classroom, during fieldwork or capstone, and in entry-level practice. Overall, a majority of the participants in each group reported experiencing mental health concerns or a diagnosed mental illness, most of these participants reporting concerns that lasted more than six months. While these numbers do not reflect those with and without formal diagnoses, these numbers are greater than evidence indicating that approximately 50% of Americans are diagnosed with mental health concerns yearly (CDC, 2018). Among the mental health symptoms participants experienced, at least 50% of participants reported experiencing being easily fatigued, having difficulty concentrating, feeling irritable, and experiencing sleep disturbances, which aligns with the mental health concerns noted in the literature as commonly impacting this population (Nolan et al., 2015; Northwest ADA Center, 2018; Parker Harris et al., 2019).

Participants in the didactic portion of the curriculum, on fieldwork or capstone, and in entry-level practice were well-equipped to reflect on the efficacy of commonly prescribed mental health accommodations to meet the role demands of an occupational therapy student or entry-level practitioner. While more students were in the didactic portion of the curriculum (versus fieldwork or capstone), it is essential to note that those on fieldwork or capstone, and those who were entry-level occupational therapists, also had recent personal didactic experiences as graduate students. Additionally, most of the participants reported having informally diagnosed mental health concerns allowing for an appreciation of the effectiveness of the explored accommodations in meeting the role

demands specific to each setting. Most of these participants did not report using mental health accommodations. Since most of the participants did not have a formal diagnosis, the lack of utilization of mental health accommodations aligns with the process for providing reasonable accommodations in academic or work settings that are outlined in the Americans with Disabilities Act of 1990 and the Americans with Disabilities Act Amendments Act of 2008 (ADA National Network, 2018; Green, 2020; Parker Harris et al., 2019).

Participant ratings of the perceived effectiveness of academic and work-related accommodations were explored by first grouping the participants as either an occupational therapy student in the didactic portion of the curriculum, an occupational therapy student on fieldwork or capstone, or an entry-level occupational therapist. On the Likert scales, all academic and work accommodations were perceived as effective, moderately effective, or very effective among the three groups. This outcome aligns with prior studies, including such accommodations as appropriate for those who have mental health concerns or mental illness in undergraduate programs or work settings (Green, 2020; Kim & Lee, 2016; Mamboleo et al., 2020; Ngo, 2020; Sundar, 2017). Several accommodations were rated as very effective by various subgroups of participants. Academic accommodations with very effective ratings included quiet or private testing space, extended time for tests and assignments, leaving the classroom as needed, taking breaks, or excused absences, flexible credit load or flexible course schedule, and service or emotional support animals. This finding expands on the more common academic accommodations cited in the literature, including increased time or a quiet space for exams (Green, 2020; Ngo, 2020).

Work accommodations reported as very effective included flexible scheduling, time off for treatment, quiet workplace design with partitions, soundproofing, or headphones, regular meetings with supervisor, extended training period, access to employee assistance programs (e.g., onsite counseling or wellness services), service or emotional support animals, time management, organizational, or memory tools, and decreased productivity standards. The only accommodation with an overall rating of very effective was flexible scheduling in the workplace, which aligns with this specific accommodation highlighted in recent studies as advantageous (Mamboleo et al., 2020; Mellifont et al., 2016; Villotti et al., 2017).

Several important implications were noted among the participants providing feedback on the process for attaining and the barriers to implementing mental health accommodations. While positive experiences surrounding the process of securing and employing mental health accommodations were noted among student participants, one cannot ignore more negative experiences. Significant barriers surrounding the stigma of mental illness, the process for securing accommodations, and negative perceptions of faculty responses to accommodation requests, while not unique to occupational therapy alone, highlight a concern that needs to be addressed by the occupational therapy profession (Mamboleo et al., 2020; Ozelie et al., 2019). Some students reported being told they should consider another career as they would be unsuccessful as an occupational therapist due to mental health concerns or needing mental health

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accommodations to meet their role demands. Mental health concerns being deemed as a weakness were especially concerning. Occupational therapy students pursue education to join a profession that uses a holistic lens when addressing our clients' physical and mental health needs, that values the strengths each individual has to offer, and that strives to promote diversity, equity, and inclusion (AOTA, 2021, 2020b, 2020c; Ozelie et al., 2019). While occupational therapists have an ethical responsibility to ensure they are fit to serve clients, communities, and populations, those striving to adapt to achieve mastery in their occupations successfully are reporting barriers and discouragement rather than encouragement and support (AOTA, 2020a). Faculty, fieldwork educators, and capstone mentors must employ their unique expertise in client-centered practice to support occupational therapy students in reaching their goals (Ozelie et al., 2019).

Strengths and Limitations

Several strengths and limitations of this research should be noted. The strengths of this study were related to the participants providing survey responses. The participants were from various regions of the United States, represented a similar age and gender demographic of the occupational therapy profession broadly, and had personal experiences with mental health concerns allowing for a unique reflection on the effectiveness of commonly prescribed mental health accommodations for meeting the role demands of occupational therapy students and practitioners (Harvison, 2020). A mixture of responses from participants at various phases of their journey from the classroom to entry-level practice was described. These strengths aid in generalizing the findings broadly and expanding on prior evidence rooted in undergraduate and general work settings.

Limitations were also evident in this study. The target sample size of 133 participants per group (students in the didactic portion of their curriculum, students on fieldwork or capstone, and entry-level practitioners) was not achieved. The smaller sample sizes for each of the three groups and the inclusion of participants with formal mental health diagnoses along with informally recognized mental health concerns or no mental health concerns pose limitations related to the broad generalizability of the findings. Discrepancies between the number of participants identifying as having a mental health diagnosis and those who identified as using mental health accommodations could be due to a misunderstanding of the terminology despite definitions being provided. Additionally, only a fraction of the participants provided responses to the open-ended questions, which limits the generalizability of these findings. Another limitation is using an electronic survey comprised of checklists and Likert scale items. This limitation was addressed by including key definitions and opportunities for open-ended feedback. The findings of this cross-sectional study are not intended to imply causality. Finally, the lack of consensus on how effective accommodations are for meeting the role demands of occupational therapy students and practitioners and the concerns noted in the responses to open-ended questions limits the strength of the results.

Implications for Occupational Therapy Education

This study exploring the perceived effectiveness of commonly prescribed academic and work-related mental health accommodations for meeting the role demands occupational therapy students and practitioners encounter in the classroom, during fieldwork or capstone, and in entry-level practice provides several implications for leaders in occupational therapy education and research. First, based on the participants in this study, mental health concerns are largely prevalent among occupational therapy students in the classroom and those on fieldwork or capstone experiences. These mental health concerns impact occupational therapy students' educational and clinical experiences, whether formally or informally diagnosed. While the participants in this study did not need to have a formally diagnosed mental illness to participate in the survey, they did have first-hand experience relating to the role demands encountered in each setting. The rationale for this inclusion criteria was rooted in the belief that those who have informally diagnosed mental health concerns and are, therefore, not able to receive formal mental health accommodations have a unique contribution to this area of research (Hickox & Hall, 2018, Mellifont et al., 2016; Sundar, 2017). The occupational adaptation process helps to explain how these students and practitioners may employ unique and innovative methods for addressing mental health concerns as they adapt their responses to daily life events and adjust their approach to meet challenges through improved mastery (Schkade & Schultz, 1992; Schultz & Schkade, 1992).

While student participants offered several suggestions for assisting those with mental health concerns to succeed in the classroom and clinic, they also reported several barriers that must be addressed by occupational therapy faculty, academic fieldwork coordinators, doctoral capstone coordinators, fieldwork educators, and employers. Other professions have explored mental health concerns among graduate students or have developed means for bridging the gap between the classroom and the clinic (Nolan et al., 2015; Spencer et al., 2018). However, more research is needed to ensure a successful outcome for future occupational therapy students and practitioners. This research should expand beyond literature reviews and exploratory research, single cohort samples, and findings from undergraduate and work settings (Green, 2020; Hickox & Hall, 2018; Jackson & Henderson, 2017; Maestas et al., 2019; Mamboleo et al., 2020; Ngo, 2020; Sundar, 2017). Further research is needed on the effectiveness of mental health accommodations throughout didactic and clinical components of the occupational therapy curriculum, mainly as these apply to the unique learning experiences encountered on fieldwork and capstone placements (Ozelie et al., 2019). A qualitative inquiry could provide a deeper understanding of the lived experiences of occupational therapy students and practitioners. This understanding could lead to recommendations for an individualized approach to assisting students to reach their academic and clinical goals and ultimately succeed as entry-level occupational therapists.

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Conclusion

The exploratory study aimed to develop an understanding of the perceived effectiveness of commonly prescribed academic and work-related mental health accommodations for meeting the role demands occupational therapy students and practitioners encounter in the classroom, during fieldwork or capstone, and in entry-level practice. Overall, participants perceived the commonly prescribed mental health accommodations explored in this study as being effective in meeting the role demands of an occupational therapy student and practitioner. This positive finding was coupled with reflections on the negative stigma surrounding mental health concerns and the barriers to seeking and utilizing beneficial accommodations. Additionally, many participants in this sample reported informal mental health diagnoses and a lack of formal mental health accommodations. Therefore, additional qualitative inquiry is needed to explore the process for attaining mental health accommodations for those with a formal diagnosis or identifying beneficial adaptations for self-diagnosed mental health concerns among those who have not disclosed these concerns or obtained formal accommodations.

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