

WHY OCCUPATIONAL THERAPY HISTORY MATTERS-ESPECIALLY IN MENTAL HEALTH PRACTICE
A COMMUNOT POST BY ALLISON SULLIVAN, MHSIS CHAIR
JANUARY 2026

Happy New Year, MHSIS!

As we start 2026, in my capacity as Interim Chair of the MHSIS, I wanted to speak directly to *why history matters* when we talk about occupational therapy's role in mental health, and why this is not a peripheral interest for me, but a central one.

Occupational therapy has deep, foundational roots in mental health care. In the early decades of the profession, the majority of occupational therapists were employed in psychiatric and community mental health settings. By the late 20th century, that presence had eroded dramatically. Today, fewer than 4% of U.S. occupational therapists work in mental health service delivery, despite escalating population-level mental health needs.

This did not happen by accident.

Several forces converged:

- Occupational therapy was excluded from early federal definitions of "qualified mental health providers."
- Psychology, social work, and psychiatry organizations, including the APA, were highly effective in lobbying efforts that shaped reimbursement, workforce recognition, and service eligibility.
- OT education programs evolved unevenly, with wide variability in the depth and rigor of mental health content across curricula.
- Over time, this led to a shrinking pipeline of educators with sustained, real-world mental health practice experience, weakening our collective capacity to advocate for roles, funding, and policy inclusion.

The result has been a self-reinforcing cycle of decreasing expertise, decreasing advocacy, and decreasing job opportunities.

This is why history matters.

When we lose touch with our profession's mental health origins, we also lose:

- The **language** to articulate OT's distinct value in mental health care
- The **confidence** to claim roles we historically held

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- The **evidence-informed narratives** needed to influence policy, reimbursement, and workforce development

History is not nostalgia.

History is **professional infrastructure**.

Reclaiming OT's rightful role in mental health requires more than adding a lecture or two to a syllabus. It requires:

- Purposeful curation of OT's mental health legacy
- Accurate transmission of practice knowledge across generations
- Educators and practitioners who can connect occupation-based reasoning to contemporary mental health systems
- Strong, unified advocacy grounded in who we *have been* and who we *must be again*

My work at the intersection of **mental health practice, education, and occupational therapy history** is intentional. If we do not actively preserve and teach our mental health foundations, others will continue to define the field without us.

At a time of global mental health crisis, occupational therapy should not be struggling for relevance in this space, we should be indispensable.

Reclaiming that position starts with remembering who we are and where we want to go as a profession. I welcome dialogue from others who are grappling with how we rebuild OT's mental health workforce, educational pipeline and advocacy voice.

Reference:

Ilott, I., Sullivan, A., & McNulty, C. (2025). *A call to action to make occupational therapy history matter*. *Irish Journal of Occupational Therapy*, 1–4. <https://doi.org/10.1108/IJOT-09-2025-0031>

Allison Sullivan, DOT, OTR/L, ECMH-E®

Professor & Post-Professional OTD Faculty Lead
American International College
Division of Occupational Therapy

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Springfield, MA

allison.sullivan@aic.edu

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