The aim of this article is to describe the experience of health professionals who struggle for professional identity (role blurring) whilst working in a community mental health setting nationally (India) as an occupational therapist. The articles which were chosen for this study mostly belong to United Kingdom, United States and Australia, because the nature of occupational therapy in community mental health is somewhat similar in these parts of world compared to India. But due to lack of sufficient research, the author was bound to choose some articles from the late nineties. In this study the author is trying to give focus on few aspects such as inter professional conflicts, professional identity, occupational injustice at worldwide level and some issues at national, departmental and personal level with future recommendation. There still plenty to be done to prevent role blurring which is causing damage towards the identity of occupational therapist in India. Each professional should take it very sincerely and try to maintain professional boundaries, focus on more research and collaborative work, staff education, and professional dignity.

KEYWORDS: Professional identity, Occupational therapist, Community mental health

INTRODUCTION

According to World Health Organisation (WHO) surveys, throughout the world there are 450 million people suffering from mental health problems. In all developing countries, especially in India care in community for mental illness has always been a debatable issue for many years. In India the population is not only suffering because of medical condition, but other symptoms such as overcrowding, poor health status, excessive violent behaviour and lack of social and family support. Family does play very interesting role in community mental health but most studies show a lack of support from family in the India. These conditions definitely need modification in rehabilitation for the wellbeing of individuals socially, physically and mentally in community mental health. Hence, only therapy carries this holistic approach since the start of the profession called occupational therapy which enables person independent. Client centred therapy is an important part of occupational therapy in community mental health to raise the quality of life, give support to become independent, doing purposeful activities. Help people to settle again in community and giving confidence to the person to increase their capability physically and psychologically. Various literatures advocate the increase in client's morale, quality of life and support to become part of the community. In spite of the evidence, the role of occupational therapy in community mental health is the subject of argument which highlighted by the new ways of working for occupational therapists.

In India the issue of role blurring is very common in mental health care. However, according to various literatures the situation is not different in other parts of the world. Reeves and Summerfield-Mann, occupational therapists spend their time doing generic activities, which raise the question among other health professionals, are occupational therapists doing different things which other professionals can not. Due to this reason other health professionals often think before sending their clients for occupational therapy in mental health. So a lack of respect mostly causes irritation, stress and separation from the fields among occupational therapists. Conflicts with other health professionals, lack of research less awareness among people and insufficient support from the government make the situation worse for occupational therapists in India. Above all, the dominance of general practitioners (GP’s) giving little respect to occupational therapy, leads to role blurring. Although Onvett strongly mentioned that occupational therapy must be considered as part of the health profession and stand alongside other health professionals.

INTER PROFESSIONALS CONFLICTS

An on going debate of more than 20 years continues about overlapping of role in multidisciplinary team. There are various reasons for dispute among health professionals such as excessive case loads, different views for diagnosis and outcome of rehabilitation for particular conditions. Lacks of
collaboration in team, scarcity of awareness about each other’s roles and less communication are the main reasons for conflicts amongst inter professionals. Communication is the key to success but occupational therapists found it very difficult to do this. This led to confusion, isolation from the profession and makes them unable to handle the pressure in the multidisciplinary team. Hughes stated the crisis for identity in community mental health is causing serious damage towards the profession. Above all, most health professionals are not aware about occupational therapy and how it would be helpful for the patients. Taylor and Rubin mentioned that occupational therapists deal with every type of dysfunction not only mental health which becomes hard for other professionals to define the role of occupational therapy. So occupational therapists should take initiative to come forward and define their role to reduce the conflicts among the professionals. Both mental health professionals and occupational therapists must produce healthy relationships, to maintain professional identity and show their potential, to make effective community mental health teams.

PROFESSIONAL IDENTITY
Identification of separate profession in the field of community mental health is an issue of debate for occupational therapy. Mostly occupational therapists have difficulty to describe their roles and responsibilities. In India, due to staff shortages certain organisation uses occupational therapists as special educators or health care workers which lead to loss of identity, frustration, stress, absence from the job, and force to change the profession sometimes. Working in the community mental health is difficult and instigate certain amount of stress. Lack of resources, training and blurred role makes the environment unfriendly. Professional identity is blurring due to development of other side line professions such as rehabilitation therapists, creative therapists, developmental therapists which cause confusion among the service users. Inability to show off their knowledge and efforts as occupational therapists is allowing others to ignore their role. College of occupational therapists encourages service users to ask for occupational therapy input in respect to their dysfunction for the proper occupational assessment and goal oriented rehabilitation. The Occupational therapists should work professionally rather than as a mental health worker and use their core skills to identify the possible outcome and to maintain professional identity because occupational therapy sees person dysfunction occupationally not medically. Combined approach in the community mental health team give professional identity by getting and giving support to each discipline or member. To give professional identity all the professionals who get involved in community work in mental health need to rule out hierarchy and focus on collaborative work and give support for the establishment of occupational therapy in community mental health.

CURRENT ISSUES IN COMMUNITY MENTAL HEALTH FOR OT
This section author used PEST (political, economical, social, technical) Analysis tools to assess the situation effectively. This tool gives opportunities to understand the situation more closely in terms of barriers and pressures. This tool gives innovative and concrete thinking to do better in any organization which becomes the main rationale to choose this tool.

POLITICAL AND ECONOMIC ISSUES
In spite of being the second largest population in the world, the health care facilities are out of reach for mentally ill people in the community. In India the progress in mental health is still in slow process and role of occupational therapy in the community mental health is yet to be discovered. Politics and political leaders are not giving their contribution towards occupational therapy setting up neither they are concerned about the patients (mostly poor) in community who are looking for rehabilitation and want to improve their quality of life. Late recovery in severe cases of mental health, continuous role overlapping, inadequately defined role, are the main reasons for the down fall of profession in India. Still various health issues waiting for the decision in which making the allied health professionals council is one of them to circulate the awareness of each profession to prevent role blurring.

SOCIAL AND TECHNICAL ISSUES
In India the society is not concerned about whose doing whose role, they simply want an effective outcome no matter from whom. Regular use of outdated equipment for rehabilitation and assessments, lack of knowledge for searching the latest research on net and lack of initiation and familiarity with technology to see the status of occupational therapy role in community mental health world wide.

ETHICAL ISSUES
Role blurring brings damage to the profession and could spoil patient’s care which is ethically intolerable for the occupational therapists. It also decreases the confidence in particular profession and breaks the professional trust. Mental health professionals should take this issue very seriously to provide ethically acceptable care towards the profession and patients.
ROLE BLURRING IMPACTS

NATIONAL LEVEL

At the national level in India, there is not much recognition of occupational therapy overall in the health sector. People misinterpret occupational therapy as physiotherapy due to lack of awareness, so mostly therapists work as the physiotherapists and use electrical modalities rather than their core occupational therapy skills. Above all there is no separate council for each allied health professional due to money game by the senior health professional that causes more role blurring.

DEPARTMENTAL / INSTITUTIONAL LEVEL

In the department senior occupational therapists are not interested to change the scene. People misinterpret occupational therapy as physiotherapy due to lack of awareness, so mostly therapists work as the physiotherapists and use electrical modalities rather than their core occupational therapy skills. Lack of rotational posting and exposure with others health professionals make students unaware about the community postings.

PERSONAL LEVEL

At the personal level we felt dejected on many occasion due to being considered as neonates in community mental health. In India the other health professionals do not take occupational therapy very seriously and considered them as an entertainer for children that develop frustration in the OTs. Usually other health professionals’ think, what OTs does is very general that anyone can do. Mostly occupational therapy in India treats the patients on the medical model not on the occupational dysfunction this means loosing the core concept of occupational therapy.

OCCUPATIONAL INJUSTICE

Occupational therapy always believe in the fundamental rights and purposeful occupations for individuals which is necessary for the person health and well being, but these evidences are far away from those whose roles are blurring in India and not allowing occupational therapists to work collaboratively in mental health. These role blurring issues give injustice to those service users who are in need of occupational therapy in India. Hospital setup and environments make occupational therapists to work as the helper to solve case loads rather than specialists in community mental health.

Occupational therapists should involve community patients during treatments, decision making, advocating and use patient’s previous experience to give different rehabilitation, from the other health professionals. Moving from traditional settings and ensuring that each person meets purposeful occupational opportunities is necessary for occupational therapists to attain occupational justice. Building the bridge and collaboration with other health professionals, making them aware of the occupational therapy role could make the difference in reputation of occupational therapy in community mental health.

FUTURE IMPLICATION OF OT,S IN THE COMMUNITY MENTAL HEALTH

At government and national level, it is necessary to increase awareness by providing education about each profession. Government should take steps to make councils for each profession and distribution of funds for the better of professions and create specific boundaries, rules and regulations and give instructions for each profession to prevent role blurring. The associations such as, All India Occupational Therapy Association (AIOTA) Physiotherapy Council of India (PCI), Nurse Council of India (NCI) and Rehabilitation Council Of India (RCI) must make provision for strong penalties or termination from the profession followed by cancelation of registration in case of role blurring. There is a need to emphasize on the funding/benefits for the poor people to get the service of occupational therapy by generating fund, reimbursements from the governments or the funding agencies (insurance companies).

At the Departmental level needs to search for those leaders who can run the organization without any partiality and create harmony in the organization and among the staff. There should be brief mental health training for each profession role and focus on shared learning. Department need to send their occupational therapists to developed countries to see the difference in treatment for the mental illness in community.

At the Institutional level it is necessary to review curriculum of the study each year. Teach students how to work with other professionals to maintain a healthy environment. Occupational therapy students should learn joint approach and able to highlight their roles in community mental health by reading articles internationally and nationally. Compulsory attendance at seminars and visits the community with professionals to learn the specific about occupational therapy in community. At the national level in India, there not much recognition of occupational therapy overall in the health sector. People misinterpret occupational therapy as physiotherapy due to lack of awareness, so mostly therapists work as the physiotherapists and use electrical modalities rather than their core occupational therapy skills. Above all there is no separate council for each allied health professional due to money game by the senior health professional that causes more role blurring.
meet with other inter professionals and member of community mental health to discontinue role blurring.

CONCLUSION

The above mentioned evidences showed the role blurring issues in various parts of the world but severely in India. There still plenty to be done to prevent role blurring which is causing damage towards the identity of occupational therapist in India. Field of each professional should take it very sincerely and try to maintain professional boundaries. Focus on more research and collaborative work, staff education, and professional dignity. In India, due to role blurring, the profession is losing the identity of unique and holistic approach. Consequently, all occupational therapists in India use this approach holistically to identify psychological requirements rather than medically and create the pathway for the further development of occupational therapy in community mental health.

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