

Utilization of Occupational Therapists in Mental Health Settings in Lahore, Pakistan

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ABSTRACT

Background: Occupational therapists (OTs) play a vital role in multidisciplinary mental health teams worldwide, yet their utilization in low-resource contexts such as Pakistan remains poorly understood.

Objective: This study aimed to evaluate the employment, awareness, and perceptions of occupational therapy in mental health facilities across Lahore, Pakistan.

Methods: A descriptive cross-sectional survey was conducted over three months among 41 mental health facilities selected through random sampling. Facilities serving neurological, psychological, and psychiatric conditions were included, excluding those limited to physical disabilities. Data were collected using a structured, validated questionnaire adapted from a U.S. study, with expert review. Structured interviews were conducted with administrators or designated spokespersons. Data were analyzed using SPSS version 25 with descriptive and comparative statistics.

Results: Occupational therapists were employed in only 8 of 10 pediatric facilities (80.0%) and in none of the 31 adult facilities (0.0%). Awareness of OT roles was limited (34.1%), and only 14.6% of facilities considered hiring OTs. Extended service domains such as program development ($p < 0.05$), staff training ($p < 0.05$), and case management ($p < 0.01$) were significantly more common in facilities employing OTs.

Conclusion: The utilization of OTs in Lahore's mental health facilities was minimal, restricted to pediatric services, and hindered by low awareness, overlapping professional roles, and lack of institutional support. Strengthening OT integration has important implications for improving functional rehabilitation and holistic patient care in Pakistan.

Keywords: Adult Mental Health, Awareness, Case Management, Mental Health Facilities, Occupational Therapy, Lahore Pakistan, Pediatric Mental Health, Rehabilitation, Workforce Utilization

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Introduction

Caring The utilization of occupational therapists in mental health care is increasingly recognized as a vital component of comprehensive treatment and rehabilitation services worldwide. Mental health itself is defined as a state of well-being in which individuals can effectively manage stress, regulate behavior, and function productively in their personal and social environments (1). When mental health is impaired, it can result in significant distress, psychiatric morbidity, and functional limitations that hinder participation in community life (2). In this context, occupational therapy (OT) offers an evidence based, client centered approach that promotes recovery, independence, and overall well-being through meaningful engagement in daily activities (3). Research indicates that OT interventions improve functional outcomes and quality of life for individuals experiencing mild to severe mental illness, highlighting its essential role within multidisciplinary mental health teams (4).

Occupational therapists employ a range of interventions that address daily living skills, psycho-education, cognitive training, and social skills development, thereby supporting broader goals of health, education, vocational readiness, and adaptation to change (5). Their practice extends beyond hospital settings to community based care, where they assist individuals in regaining autonomy through self-care, productive work, leisure pursuits, and social participation (6). Globally, occupational therapists have become integral to diverse service contexts, including consumer-operated programs, after school initiatives, substance use rehabilitation, universities, and research centers (7). The scope of practice differs across regions: in Canada, OTs function as educators, care coordinators, and collaborators; in the United Kingdom, they emphasize identity and well-being through purposeful activity, while in the United States, they focus on task performance, work environments, and functional adaptation to enhance life satisfaction (8–10).

In Pakistan, however, the integration of occupational therapists into mental health services remains limited and under documented, particularly in major urban centers such as Lahore. Cultural and religious beliefs have historically shaped perceptions of mental illness, with widespread attributions to spiritual possession, black magic, or divine punishment. Although urban education has facilitated a gradual shift toward biomedical understandings, systemic challenges persist. The National Mental Health Policy (NMHP) and the Mental Health Act of 2001 were landmark initiatives aimed at reducing disability, suicide, and substance use while safeguarding patient rights in treatment, housing, and employment. Multidisciplinary training programs have since been introduced, yet gaps remain in research capacity, budgeting, and integration of services into primary health care (11).

Within Lahore, access to occupational therapy in mental health settings is minimal, with only a few institutions offering structured services as part of multidisciplinary teams alongside psychiatrists, psychologists, and nurses (12). The World Health Organization reports that Pakistan has a ratio of just 87.023 mental health professionals per 100,000 population, of which only 22 are occupational therapists trained specifically in mental health (13). The scarcity of employment opportunities for OTs in both public and private hospitals, combined with the lack of reliable workforce data, further undermines their potential contribution to addressing the country's growing mental health burden (4). As Lahore represents one of Pakistan's largest and most developed cities, understanding and improving the utilization of occupational therapists in its mental health care system is critical. Expanding awareness, strengthening training programs, and advocating for policy-level support are essential steps toward ensuring that occupational therapy is recognized and effectively utilized in mental health settings in Lahore and across Pakistan.

Materials and Methods

This descriptive, cross-sectional study was conducted to assess the utilization of occupational therapists in mental health facilities in Lahore, Pakistan. A random sampling approach was employed to identify eligible institutions, restricted to those primarily dealing with neurological, psychological, and psychiatric conditions, while facilities catering exclusively to physical disabilities were excluded. In total, 40 mental health institutes were selected for inclusion. Data collection was completed over a period of three months through structured, face-to-face interviews with institutional spokespersons or designated administrators, who were directly involved in managing or overseeing mental health services (1).

The study instrument was an adapted version of the *Utilization of Occupational Therapists in Mental Health Facilities Questionnaire*, which had previously been employed in a similar investigation conducted in South Carolina, United States of America (9). The instrument was modified to reflect the healthcare context of Pakistan, with revisions focusing on service delivery models, workforce structure, and resource availability. To ensure cultural and contextual relevance, the modified questionnaire underwent expert validation by six senior occupational therapists with a minimum of five years' experience in mental health practice. Feedback from these experts was incorporated to improve clarity, relevance, and comprehensiveness of the tool. The final instrument collected information on institutional characteristics, current and past employment of occupational therapists, scope of services provided, perceptions of administrators regarding the role of OTs in mental health care, and barriers to utilization. The tool also explored administrators' future intentions concerning occupational

therapy recruitment and integration into mental health programs.

Ethical approval for the study was obtained from the Institutional Review Board with reference PSRD/CRS/NF/REC/Letter-21. Written informed consent was obtained from all participants prior to the interviews, with assurances of confidentiality and voluntary participation. Data were anonymized at the point of collection to protect institutional and individual identities. Data were entered and analyzed using the Statistical Package for Social Sciences (SPSS) version 25. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were calculated for demographic variables and facility characteristics. Comparative analyses were conducted to assess patterns of occupational therapy utilization across different types of mental health institutions. Missing data were accounted for in the dataset and excluded from inferential statistical procedures. The findings were synthesized to provide an overview of the extent and nature of occupational therapist utilization in mental health settings across Lahore.

Results

A total of 41 mental health facilities in Lahore participated in the study. The majority of facilities catered to adult populations (75.6%), while a smaller proportion were pediatric-focused centers (24.4%). Occupational therapists (OTs) were employed exclusively in pediatric facilities, with 80% reporting at least one OT on staff. In contrast, none of the adult mental health facilities reported employing occupational therapists. Most respondents had between 1 and 5 years of professional experience (80.0%), and only 39.0% indicated prior exposure to working with OTs.

Table 1: Facility and Respondent Characteristics

Variable	n	%
Type of Facility		
Pediatric Mental Health Facility	10	24.4
Adult Mental Health Facility	31	75.6
OT Employment by Facility		
Pediatric facilities employing OT	8	80.0
Pediatric facilities not employing OT	2	20.0
Adult facilities employing OT	0	0.0
Adult facilities not employing OT	31	100.0
Respondent's Years of Experience		
1–5 years	33	80.0
>5 years	8	20.0
Exposure to OTs		
Previously worked with OT	16	39.0
No prior exposure	25	61.0

Awareness and perceptions regarding occupational therapy varied considerably across institutions. Only 34.1% of respondents were aware of OT roles and

responsibilities, while 65.9% reported no awareness. Awareness of treatment effectiveness was evenly divided: 36.6% perceived OT as effective, an equal proportion regarded it as ineffective, and 26.8% indicated no knowledge. Furthermore, only one-third (34.1%) considered OTs integral members of mental health teams. More than half of the respondents (53.7%) believed that other professionals could substitute for OTs, while only 19.5% disagreed. Despite this, just 14.6% of facilities were considering hiring OTs, and the majority (85.4%) had no such plans (Table 2).

Table 2. Awareness and Perceptions of Occupational Therapy

Domain / Perception	n	%
Awareness of OT roles & responsibilities		
Yes	14	34.1
No	27	65.9
Awareness of OT treatment effectiveness		
Aware & positive	15	36.6
Aware but perceive ineffective	15	36.6
Don't know	11	26.8
OT as integral to mental health team		
Yes	14	34.1
No	14	34.1
Don't know	13	31.7
Other professionals can substitute OT		
Yes	22	53.7
No	8	19.5
Don't know	11	26.8
Facilities considering hiring OT		
Yes	6	14.6
No	35	85.4

Comparison of service provision between facilities with and without OTs revealed no significant differences in most core domains, as nearly all institutions reported providing direct treatment, assessments, consultations, and training in self-management skills.

Table 3: Factors Influencing Hiring of OTs

Factors	Mean Score
Evidence of OT treatment effectiveness	2.9
Feedback from patients/families	2.7
Awareness of OT role	2.4
Availability of trained OT professionals	2.3
Patient need for functional rehabilitation	2.2
Third-party coverage / affordability	2.1
Salary requirements of OTs	2.0
Length of patient stay in facility	2.0

Factors influencing decisions to hire occupational therapists are presented in Table 4. Evidence of OT treatment effectiveness (mean = 2.9) and patient or family feedback (mean = 2.7) were the strongest motivators, followed by awareness of the OT role (2.4). Conversely, cost-related issues, such as third-party coverage (2.1) and salary requirements (2.0),

along with institutional considerations like length of patient stay (2.0), were rated lowest. These findings suggest that perceptions of effectiveness and visibility of OT outcomes play a more significant role in employment decisions than financial considerations.

Table 4: Service Provision in OT Domains

Service / Domain	With OT (n=8)	%	Without OT (n=33)	%	Significance
Core Service Domains					
Direct patient treatment	8	100.0	33	100.0	ns
Evaluation & assessment	8	100.0	33	100.0	ns
Consultation	8	100.0	33	100.0	ns
Self-management skills	8	100.0	33	100.0	ns
Motor skills training	8	100.0	30	90.9	ns
Cognitive/psychological skills	7	87.5	27	81.8	ns
Home management skills	7	87.5	25	75.8	ns
Extended Service Domains					
Program development	3	37.5	7	21.2	p < 0.05
Staff training	4	50.0	12	36.4	p < 0.05
Case management	6	75.0	15	45.5	p < 0.01

Discussion

The findings of this study demonstrated that occupational therapists (OTs) were almost entirely absent from adult mental health services in Lahore, with their employment being restricted to pediatric facilities. Out of 41 facilities surveyed, only eight pediatric centers (80.0%) reported employing OTs, whereas none of the 31 adult facilities had any OT representation. This striking imbalance suggested that OT services were either undervalued or under-recognized within adult psychiatric and psychological care. Such underutilization stood in contrast to international trends, where OTs have been increasingly integrated into multidisciplinary teams in both pediatric and adult services, particularly in North America and Europe (14).

The lack of OT employment in adult mental health settings was further compounded by the limited awareness of their role. Two-thirds of administrators reported no knowledge of OT responsibilities (65.9%), and only about one-third (34.1%) perceived OTs as integral members of mental health teams. Moreover, more than half of respondents (53.7%) believed that other professionals, particularly psychologists, could substitute OTs. This perception of redundancy was reflected in service provision data, where psychologists were reported to deliver interventions in domains such as motor skills, cognitive rehabilitation, activities of daily living, and self-management areas traditionally associated with OT expertise (14). This

overlap not only diluted professional identity but also reinforced the misconception that OT was dispensable in adult mental health services.

Several contextual factors may explain this gap. First, the saturation of trained OTs in Lahore remained critically low, with very few graduates entering the workforce each year. As a result, awareness among institutional administrators and the general public regarding the scope of OT practice remained limited. Second, in the absence of a national or provincial regulatory council, there was no formal delineation of roles and responsibilities across rehabilitation and mental health professions, leading to frequent overlaps and blurred boundaries (5,14). These systemic issues discouraged facilities from considering OTs for recruitment, as reflected in the finding that 85.4% of centers reported no intention of hiring OTs in the near future.

The findings of this study contrasted with earlier work from South Carolina, where administrators ranked OT as one of the most needed rehabilitation professions within mental health services (15). The discrepancy highlighted not only the influence of cultural and systemic contexts but also the lack of professional advocacy for OT within Pakistan. In facilities that did employ OTs, the professionals were engaged in a broad scope of practice including direct treatment, evaluations, consultations, program development, and staff training. These roles aligned with international literature that emphasizes the unique contribution of OTs in program innovation and

interdisciplinary education (16). However, the limited number of facilities employing OTs restricted the generalizability of these outcomes within Lahore.

The study also identified factors influencing decisions to employ OTs, with treatment effectiveness and patient or family feedback ranking highest. These findings emphasized the importance of visibility and measurable outcomes in strengthening the case for OT employment. In contrast, cost-related factors such as salary requirements and third-party coverage were rated lowest, suggesting that lack of demand was more strongly linked to unawareness and undervaluation rather than financial barriers. Previous studies in Western contexts similarly argued that marketing OT primarily as a provider of direct services limited professional expansion and that advocacy should instead highlight broader contributions such as case management, program development, and rehabilitation outcomes (9).

This study carried certain strengths, including its focus on a diverse set of facilities across Lahore and the use of a validated and contextually adapted survey instrument. It provided rare quantitative insights into the perceptions of administrators in Pakistan, where published data on OT utilization in mental health care are scarce. However, the study was not without limitations. The cross-sectional design limited causal inferences, while reliance on self-reported data introduced the potential for bias. Furthermore, the study was confined to one urban center and did not capture perspectives from rural facilities or other provinces, thereby restricting generalizability.

The findings underscored an urgent need to increase awareness of occupational therapy in Pakistan through professional advocacy, inter-professional education, and public health campaigns. Establishing a regulatory council to clearly define scopes of practice would reduce overlaps and strengthen the identity of OT in mental health. Expanding training programs, fostering clinical internships in psychiatric and psychological facilities, and building evidence for OT effectiveness through local research were also recommended as essential steps toward enhancing utilization. Without such systemic reforms, the role of occupational therapists in mental health care in Lahore was likely to remain underdeveloped and under-recognized despite the growing burden of psychiatric illness.

Conclusion

This study revealed that the utilization of occupational therapists in mental health facilities in Lahore was minimal, with their presence limited to pediatric settings and completely absent in adult services. The findings highlighted significant gaps in awareness, role recognition, and institutional support, which contributed to overlapping responsibilities with other professions and a lack of demand for OT services.

Authors' Contributions

ICMJE authorship criteria	Detailed contributions	Authors
Substantial Contributions	Conception or Design of the work	1,2,6
	Data acquisition	2,3,5
	Data analysis or interpretation	1,3,4
	Draft the work	3
Drafting or Reviewing	Review critically	1,2,3,4
	Final approval of the version to be published.	1,2,3,4,5,6
Final approval	Agreement to be accountable for all aspects of the work.	1,2,3,4,5,6
Accountable		

References

1. World Health Organization. Mental health: strengthening our response. WHO. 2018. Available from: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>. Accessed September 28, 2025.
2. Backe IF, Patil GG, Nes RB, Clench-Aas J. The relationship between physical functional limitations, and psychological distress: Considering a possible mediating role of pain, social support and sense of mastery. *SSM Popul Health*. 2017 Dec 22;4:153-163. doi: 10.1016/j.ssmph.2017.12.005. PMID: 29349284; PMCID: PMC5769123.
3. Townsend E, Polatajko HJ. Enabling Occupation II: Advancing an Occupational Therapy Vision for Health, Well-Being & Justice through Occupation. Ottawa: CAOT Publications ACE; 2007.
4. Cook S, Chambers E, Coleman JH. Occupational therapy for people with psychotic conditions in community settings: A pilot randomized controlled trial. *Clin Rehabil*. 2009;23(1):40-52. doi:10.1177/0269215508096763
5. Lee SW, Kielhofner G, Morley M, Heasman D, Garnham M, Willis S, et al. Impact of using the Model of Human Occupation: A survey of occupational therapy mental health practitioners' perceptions. *Scand J Occup Ther*. 2012;19(5):450-456. doi:10.3109/11038128.2011.645553
6. Nisar M, Mohammad RM, Fatima S, Shaikh PR, Rehman M. Perceptions pertaining to clinical depression in Karachi, Pakistan. *Cureus*. 2019;11(7):e5142. doi:10.7759/cureus.5142
7. Brown C, Stoffel VC, Munoz J. Occupational Therapy in Mental Health: A Vision for Participation. Philadelphia: FA Davis; 2019.
8. Freeman AR, Rappolt SG. The impact of organizational structures on role emergence in occupational therapy. *Can J Occup Ther*. 2003;70(5):241-250. doi:10.1177/000841740307000501
9. Muñoz JP, Sciulli J, Thomas DL, Wissner RS. Utilization of occupational therapy in mental health facilities in western Pennsylvania. *Occup Ther Ment Health*. 2000;16(1):33-51. doi:10.1300/J004v16n01_03
10. Case-Smith J. Occupational therapy and mental health promotion. *Occup Ther Ment Health*. 2011;31(1):50-51. doi:10.1080/0164212X.2011.543944
11. Minhas FA, Niazi RS, Inam-ul-Haq M, Mubbashar MH. Public mental health in Pakistan: a call for action. *World Psychiatry*. 2001;1(3):149-150.
12. Fayyad JA, Jahshan CS, Karam EG. Systems development of child mental health services in developing countries.

Child Adolesc Psychiatr Clin N Am. 2001;10(4):745-762.
doi:10.1016/S1056-4993(18)30076-4

13. Hayes R, Bull B, Hargreaves K, Shakespeare K. A survey of recruitment and retention issues for occupational therapists working clinically in mental health. *Aust Occup Ther J*. 2008;55(1):12-22. doi:10.1111/j.1440-1630.2007.00705.x
14. Pooremamali P, Persson D, Eklund M. Occupational therapists' experience of working with immigrant clients in mental health care. *Scand J Occup Ther*. 2011;18(2):109-121. doi:10.3109/11038128.2010.487399
15. Trickey BA, Kennedy DB. Use of occupational therapists in mental health settings in South Carolina. *Am J Occup Ther*. 1995;49(5):452-455. doi:10.5014/ajot.49.5.452
16. Wasmuth SL, Outcalt J, Buck K, Leonhardt BL, Vohs J, Lysaker PH. Metacognition in persons with substance abuse: Findings and implications for occupational therapists. *Can J Occup Ther*. 2015;82(3):150-159. doi:10.1177/0008417415577554