## **Unique Interprofessional Mental Health Education Model: A Pre/Post Survey**

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Abstract: Interprofessional collaboration in behavioral healthcare education is increasingly recognized for its value in training students to address diverse client needs. While interprofessional education (IPE) is well-documented in occupational therapy education to address physical health, limited research exists on collaboration with counselors to address mental health concerns and the psychosocial needs of individuals receiving care. Counseling education literature primarily examines the collaboration of counseling students with psychiatrists, psychologists, social workers, and marriage and family therapists. This pretest/posttest survey research study explored changes in attitudes toward interprofessional teams among 56 Master of Occupational Therapy (MOT) (n = 42) and Counseling and Human Development (CHD) (n = 14) students participating in the Counselors and Occupational Therapists Professionally Engaged in the Community (COPE) program. The COPE program was designed to strengthen the behavioral health workforce in high-need and high-demand areas. Students accepted into the COPE program were divided into small MOT/CHD groups to complete multiple interprofessional multicultural learning modules using videos, case studies, and online discussion board posts. The online modules encouraged reflection on various behavioral healthcare roles, benefits of team-based care, cultural humility, current mental health challenges, personal biases, power imbalances, and advocacy for underserved populations. Using the Student Perceptions of Interprofessional Clinical Education-Revision 2 (SPICE-R2) scale, students completed pretest and posttest surveys using a 5-point Likert scale (Strongly Agree = 5to Strongly Disagree = 1) to evaluate their attitudes toward interprofessional teamwork and collaboration. The SPICE-R2 measured three different factors: interprofessional teamwork and team-based practice (Team), roles/responsibilities for collaborative practice (Roles), and patient outcomes from collaborative practice (Outcomes). The mean total scores for all students improved from 4.25 (pretest) to 4.43 (posttest), Team from 4.66 to 4.58, Roles from 3.88 to 4.30, and Outcomes from 4.08 to 4.36. A paired t-test analysis for the total mean scores resulted in a t-statistic of 2.54, which exceeded both one-tail and two-tail critical values, indicating statistical significance (p = .001). When the factors of the SPICE-R2 were analyzed separately, only the Roles (t Stat=4.08, p =.0001) and Outcomes (t Stat=3.13, p = .002) were statistically significant. The item 'I understand the roles of other health professionals' showed the most improvement from a mean score for all students of 3.76 (pretest) to 4.46 (posttest). The significant improvement in students' attitudes toward interprofessional teams suggests that the unique integration of OT and CHD students in the COPE program effectively develops a better understanding of the collaborative roles necessary for holistic client care. These results support the importance of IPE through structured, engaging interprofessional experiences. These experiences are essential for enhancing students' readiness for collaborative practice and align with accreditation standards requiring interprofessional education in OT and CHD programs to prepare practitioners for team-based care. The findings contribute to the growing body of evidence supporting the integration of IPE in behavioral healthcare curricula to improve holistic client care and encourage students to engage in collaborative practice across healthcare settings.

**Keywords :** behavioral healthcare, counseling education, interprofessional education, mental health education, occupational therapy education

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