Adult Mental Health

Key Facts

Occupational therapy aims to improve health and wellbeing through enabling participation in occupation (the activities, roles and routines of everyday life). Occupational therapists recognise that engagement in meaningful occupation can promote good mental health, assist recovery and help people achieve personalised outcomes such as being able to care for themselves, engage in work and leisure activities, and participate within the community.

Occupational therapists are a core part of the multi-disciplinary team within community and in-patient mental health services. However, they can also work to promote mental health and facilitate recovery in a number of other areas, including: primary care (e.g. through GP practices), higher education institutions, secure settings (see College of Occupational Therapists 2017) and prisons.

Key Messages for Commissioners and Service Providers

Timely occupational therapy interventions can: prevent unnecessary hospital admissions; improve wellbeing and patient experience; facilitate early discharge; enable recovery and social inclusion; help people achieve personalised goals; and support adults of working age to retain their jobs or obtain employment.

Key Benefits

Prevention and Health Promotion

Occupational therapists can offer a valuable perspective towards health promotion, particularly with regard to how occupational factors can impact on health and wellbeing (Moll et al 2015). They can work at an individual or community/population level (Tucker at al 2014) and can address a range of health issues, including obesity (Reingold and Jordan 2013). Input may include promoting healthy lifestyle choices and facilitating participation in meaningful activity.

- Northey and Barnett (2012), in an Australian study, compared the physical health parameters and activity levels of participants with severe mental illness (*n*=21) with participants from the general population *(n*=20). Findings included that participants with severe mental illness had significantly higher body max index, and experienced lower physical activity levels. The authors suggest that occupational therapists can assist in increasing physical activity and improving health by providing interventions which focus on intrinsically motivating and meaningful activities.

- Williams et al (2016) conducted a survey of occupational therapists in Australia (*n*=86) with regard to dietary interventions for people with severe mental illness. Findings included that occupational therapists provided healthy eating advice and supported participation in diet-related occupations such as meal planning, shopping and food preparation.

Improving patient experience/wellbeing

- Bryant et al (2016) explored how acute inpatient mental health occupational therapy services were perceived by service users. Findings included that access to an occupational therapy department provided ‘relief’ from the ward environment, and from a focus on problems. Participants shared a sense of the importance of having ‘something to do’, and identified a range of benefits of engaging in occupation including stress-relief and self-expression. The authors suggest that participants recognised the importance of having choices about what to do for their own recovery, and valued the approach of occupational therapists.

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- Hutcheson et al (2010), in a practice analysis, describe how introduction of a structured activity programme within a 13-ward psychiatric hospital led to an increase from 6 to 63 inpatients participating in activity after 6 months. They identify that over 90% of patients, and 100% of staff, felt that the programme was beneficial and therapeutic.

Recovery / Social Inclusion

- Kelly et al (2010) conducted semi-structured interviews with five members of a mental health support group (GROW), to explore the relationship between recovery and occupation. They identified that a predominant theme throughout the narratives was that occupation facilitated recovery; and that benefits of occupation included feelings of competence, meaning, purpose, productivity and social cohesion.
- Ikiugu et al (2017) conducted a meta-analysis (that included 11 randomised controlled trials) to estimate the effectiveness of theory-based occupational therapy interventions in improving occupational performance and well-being among adults with a mental health diagnosis. Findings indicated a small effect on wellbeing, and a medium effect on improving occupational performance.
- Fieldhouse (2012), in an action research project, explored the recovery journeys of a group of assertive outreach service users. The author identifies how creative collaboration between mental health workers and service users facilitated engagement in community-based occupations; and helped individuals to reconnect with cherished roles, achieve goals, and develop feelings of self-efficacy, belonging and wellbeing.

Vocational Rehabilitation/Employment

Engaging in meaningful occupation, including employment, has been identified as central to mental health recovery (Jarman et al 2016). Access to appropriate support is crucial to help people overcome barriers and access employment opportunities (Blank et al 2011).

- Cameron et al (2016) explored the sick-leave and return-to-work experiences of employees with mental health issues. The authors identify the need for support, which is sensitive to the individual's recovery journey and work relationships, to help people on sick leave to keep in touch with work and to maintain a resilient work orientation and identity. They also identify the need to mitigate potential negative effects of sick-leave (such as isolation and decreased activity) by providing opportunities and encouragement to sustain routines, activities and social contacts.
- van Veggel et al (2015) conducted a parallel group observational study (that involved mental health services in East and West Sussex) to evaluate implementation of the Individual Placement and Support (IPS) approach to supported employment. Findings included that significantly more IPS participants commenced competitive employment than pre-IPS participants (24.9% vs 14.3%); and that IPS participants experienced less delay before commencing their first job and, when employed, worked more hours per week.

Please also see the (Royal) College of Occupational Therapists (2016) evidence fact sheet on vocational rehabilitation.

Working with people with addictions

- Wasmuth et al (2015), in a mixed-methods study conducted to gain a better understanding of the metacognition of persons with substance-use disorders, found that individuals with addictions demonstrated significant impairments in metacognitive mastery. The authors identify that people with impairments in mastery may have difficulty putting learning into practice. They suggest that occupation-based interventions may therefore be helpful in enabling individuals to experience and respond to actual challenges; and could supplement other approaches such as cognitive behavioural therapy.
- Martin et al (2015) carried out a study to develop and examine the psychometric properties of the Lifestyle History Questionnaire (LHQ), a self-report instrument designed to measure the extent of occupational dysfunction attributable to substance abuse.

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Parity of esteem between mental and physical health

- Morley (2013), in a practice analysis, describes how an occupational therapy service within a mental health NHS Trust critically reviewed its service with regard to promoting equal access for mental health service users with physical disability. This included development of action plans that fed in to the overall Disability Equality Scheme (DES) within the trust, with occupational therapists taking on the role of disability champions.

Homelessness/Housing

- Gutman and Raphael-Greenfield (2017) conducted a two-group controlled study to assess the effectiveness of a housing transition programme for homeless shelter residents with chronic mental health problems and substance use (*N*=7 in intervention group; *N*=8 in control group). They found that statistically significant differences existed between the groups in terms of post intervention Goal Attainment Scaling and quality of life scores, indicating that participants in the intervention group made greater progress towards their goals and rated their quality of life higher. At 6 month follow-up 57.14% of intervention group participants had transitioned to supportive housing, compared to 25% of the control group.
- Lloyd et al (2017), in a study that involved reviewing the files of homeless people who presented at an Australian Emergency Department (ED) over a 16 month period, found that the most common reasons for presentation were medical, mental health and drug- and alcohol-related issues. The authors suggest that there is a role for occupational therapists in working with homeless people who present at the ED; and recommend that the person allocated to establish the role should be a senior occupational therapist with a mental health background.

Cost benefits

Lambert et al (2010) conducted an economic evaluation alongside an unblinded pragmatic randomised controlled trial, to assess the cost-effectiveness of an occupational therapy-led lifestyle intervention compared with routine general practitioner care for panic disorder. They conclude that, at a maximum willingness to pay per additional quality adjusted life year (QALY) of £30,000, there is an 86% chance that a lifestyle intervention could be considered value for money over 10 months.

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