



The role of the occupational therapist in adolescent mental health: A critical review of the literature

Laura Hardaker¹, Elizabeth J. Halcomb¹, Rhonda Griffiths¹, Natalie Bolzan²
and Karen Arblaster³

1. Sydney South West Centre for Applied Nursing Research (Sydney South West Area Health Service and School of Nursing, University of Western Sydney), Liverpool, New South Wales, Australia
2. School of Social Sciences, University of Western Sydney, Bankstown, New South Wales, Australia
3. Sydney West Area Health Service, Nepean Hospital, Penrith, New South Wales, Australia

Abstract

There are substantial bodies of literature focusing on mental health and the mental health of young people. There is also a growing body of knowledge relating to the professional role of the occupational therapists in mental health. However, there is a marked gap that brings these areas together. Adolescence is a time of heightened stress, with as many as one in four young people experiencing a mental health problem; appropriate care is required to reduce the impact of mental illness on their transition into adulthood and subsequent adult life. Whilst the effectiveness of the multidisciplinary team in providing interventions has been well demonstrated in this client group, the roles and impact of the individual health professionals are less well understood. A review of the literature was conducted to better understand the current and potential role for occupational therapists working with young people with mental health issues.

Keywords

adolescents, youth, mental health, occupational therapy, multidisciplinary, professional identity, role

Introduction

The mental health and well being of Australians has become an increasingly important area of health (Mental Health Council of Australia, 2006); it is estimated that 20 percent of the Australian population will experience mental illness. This has a profound effect on the entire community (Mathers, Vos & Stevenson, 1999), and mental illness is a key factor in social exclusion, leading to unemployment, poor housing, poor health and family breakdown

(Mental Health Council of Australia, 2006). Two-thirds of people with a mental illness do not receive any treatment in any twelve month period (McLennan, 1998).

Young people, between the ages of 12 and 24 years, are faced with physical, emotional, cognitive, social and spiritual changes that may impact on their mental health and wellbeing (Arnett, 1997). With more specific attention being given to the mental health and well being of young people, and research focused on the

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- Contact:** Laura Hardaker, BAppSc (Hons) OT, Doctoral Candidate, School of Nursing, University of Western Sydney; and Sydney South West Centre for Applied Nursing Research, Locked Bag 7103, Liverpool BC, NSW 1871
laura.hardaker@sswahs.nsw.gov.au
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impact of mental health on an individual's ability to function, exploration into factors that may facilitate and improve the mental health of young people is required.

Occupational therapists have historically worked in mental health (Kleinman, 1992). Their role in this setting includes assisting individuals to gain and maintain independent living, manage in community settings and engage in productive, meaningful and enjoyable activities (Lloyd, King & Bassett, 2005). This paper aims to critically review the published literature regarding the professional practice of occupational therapists working in youth mental health.

The primary purpose of this review was to investigate:

- the extent to which the mental health literature describes the actual or potential role and scope of practice of the occupational therapist as a member of the multidisciplinary mental health team; and
- the extent to which the occupational therapy literature identifies and describes interventions for adolescents with mental health problems.

It was anticipated that this process would identify gaps in the current literature, thus highlighting future research directions.

Method

Search strategy

An electronic search was conducted using the databases of CINAHL, AMED, PsycINFO and MEDLINE. In addition, occupational therapy journals from Australia, New Zealand, Britain, America and Canada were searched to identify relevant literature published in the English language since 1990. Keywords included: 'occupational therap*', 'adolescen*', 'young people', 'mental health' and 'mental illness'. Reference lists of retrieved articles, relevant locally held journals and the Internet were searched, using the Google search engine, for related organisations or electronic documents. Fifty-one articles were located that made reference to occupational therapy and mental health; upon further examination, sixteen of these articles referred to the role of the occupational therapist in mental health, and just

five of these focused on the role of the occupational therapist in youth mental health. Articles that focused on the development of the occupational therapy role in youth mental health, and assessments and interventions for occupational therapy, were included in this review. The nature of the topic and the scope of the available literature led to the decision to include all articles relating to occupational therapy in adolescent mental health. The literature reviewed includes prevalence studies, comparative studies, pre and post test, opinion pieces and review articles.

Limitations and exclusions

The review was limited to those studies that specifically reported a sample of adolescents. Studies reporting assessment strategies and interventions in the general mental health population were excluded, as were studies published in languages other than English.

Background

The mental health of Australia's young people

Twenty percent of the Australian population is aged between 12 and 24 years (Moon, Meyer & Grau, 1999; NSW Health Department, 2003). During this stage of development young people typically experience significant social, emotional and physical maturation. The central crisis of the adolescent stage of life, as theorised by Erikson, is the confusion between their personal identity and the role they see themselves playing in society (Arnett, 1997). Emerging adults do not see themselves as adolescents, neither do they see themselves entirely as adults. Arnett (2000) suggests most identity exploration occurs during emerging adulthood, with other literature suggesting industrialised societies allow prolonged adolescence for extended role exploration (Arnett, 2003; Nelson, 2003). This period is accompanied by major hormonal changes that lead to puberty and associated physical development, increased cognitive competencies and the development of social and emotional relationships (Ackard & Peterson, 2001; Arnett, 1997; Leffert & Petersen, 1995; Simon, Wardle, Jarvis et al., 2003). There is also a marked increase in psychological dysfunction during the late teenage years which may be associated with a rise in the prevalence of substance abuse, crime, attempted suicide and

eating disorders (Evans, 2001). Adolescents require the skills to manage the primary, secondary and contextual changes necessary for the transition from childhood to adult roles (Leffert & Petersen, 1995).

Young people are faced with a sense of heightened stress, leading to increased risk of emotional and mental dysfunction, and this has significant implications for an individual's mental health and wellbeing (Arnett, 1997, 2000, 2003; Bobier & Warwick, 2005; Evans, 2001). Despite this increased risk, there is a paucity of research, national statistics and health standards specifically for young people (Australia Institute of Health and Welfare, 2003).

The Australian National Survey of Mental Health and Wellbeing included a child and adolescent component for the first time in 1999, with the aim being to identify the number of young people experiencing mental health problems, the nature of these problems, the degree of disability experienced and the services accessed (Sawyer et al., 2001). Although the findings indicated that the general health of young Australians is better than older Australians, young people still experienced significant health inequalities, with the major disease burden being related to mental illness (Moon et al., 1999). Fourteen percent of Australians aged between 12 and 17 years, and 27 percent of those aged 18 to 25 years, were identified from the survey data as having a mental health problem (NSW Health Department, 1999, 2003; Sawyer, Arney, Baghurst et al., 2001; Sawyer, Kosky, Graetz et al., 2000).

The most common mental health conditions reportedly experienced by young people include depression, anxiety, bipolar affective disorder, psychosis (including drug induced), alcohol and drug use, social phobia, personality and eating disorders and self-harm behaviours (Moon et al., 1999). These conditions may negatively influence the individual's transition into adulthood and have a significant impact on their ability to successfully engage in the roles and responsibilities essential for productive adulthood (Aro & Taipale, 1987; Eklund, 2002; Flanigan, 2001; Leffert & Petersen, 1995). Of particular concern is the potential to compromise

education and employment opportunities, social functioning, interpersonal relationships and involvement in community and domestic activities (Eklund, 2002; Flanigan, 2001; Leffert & Petersen, 1995).

Occupational therapy and mental health

Occupational therapy focuses on an individual's ability to engage in a valued occupation and fulfil an occupational role (World Federation of Occupational Therapists, 2006). It is a diverse profession which explores health in terms of five key areas: physical, mental, emotional, psychosocial and spiritual (Goldberg, Brintnell & Goldberg, 2002). Occupational therapists aim to actively engage clients in meaningful tasks in order to improve and maintain performance and quality of life (DeWitt, 2005), and also focus on promoting self-care, productivity and leisure, all essential components of daily activity and a balanced lifestyle.

Occupation based therapy is supported by the collaborative recovery model, which focuses on the principle of recovery within the mental health setting and explores the relationship and importance of autonomy, self-determination and consumer participation within the recovery process (Oades, Deane, Crowe et al., 2005). The recovery model does not suggest clients will necessarily return to their former state of health; instead, it encourages the development of new meaning and purpose as the person is supported to enhance their life skills and abilities in accordance with their mental health needs (Oades et al., 2005).

The role of the occupational therapist in mental health varies according to the setting, acuity and diagnostic group (Craik, 1998; Creek, 2002). Typically, occupational therapists provide assessment and intervention focusing on independent living skills, psychosocial functioning and psychopathology (Eklund, 2002) and also focus on the daily skills required by the client, including personal care, (medication, hygiene, diet and exercise), budgeting, shopping, driving, community access, socialisation, return to work, family matters, cooking, home duties and relationships (Christian-Edwards, 2004). The occupational therapy intervention is tailored to specific needs and therefore can vary in accordance with the needs of the client. Such

service delivery is important for adolescents with mental health problems because it assists them to develop and refine roles for ongoing independence.

As a member of a mental health team, the occupational therapist works with clients to maximise independence and ensure that specific needs are being met (Yau, 1995) through an extensive range of therapeutic services (Christian-Edwards, 2004; Christie, 1999; Craik, 1998; Lloyd, Kanowski & Maas, 1999). Literature suggests that a mental health service which is holistic in nature, encompassing psychological, social, emotional, physical and spiritual needs, provided by a team with a vast array of skills, is important in optimising client outcomes (Kirsh, Cockburn & Gewurtz, 2005; Krupa & Clark, 2004).

The role of the occupational therapist in mental health has been scrutinised by members within the profession and other health professionals (Harrison & Forsyth, 2005). With limited published research on services provided by an occupational therapist in mental health, and literature suggesting a decrease in occupational therapists working in the area, it is necessary for occupational therapists to explore the role and service they provide (Craik, 1998; Knis-Matthews, Richards, Marquez & Mevawala, 2005).

Exploring the mental health of young people separately to that of adults is important for a number of reasons; primarily the developmental needs of young people differ to those of adults, therefore unique skills and specialised practice is required to provide effective services. Occupational therapists have been exploring the holistic needs of young people for some time, although the body of literature focusing on adolescent mental health is relatively new (Draucker, 2005; Harrison & Forsyth, 2005; Knis-Matthews et al., 2005; Scaletti, 1999; Schnell, 2004). Similar to general mental health, there is limited published literature on the role of the occupational therapist in adolescent mental health and limited understanding of the assessment strategies and interventions utilised by the occupational therapist with these groups (Harrison & Forsyth, 2005; Lloyd, King & Bassett, 2002; Scaletti, 1999; Schnell, 2004; Yau, 1995).

Findings

Role of the occupational therapist in the multidisciplinary mental health team

Professional role identity

Professional identity is important to any profession and loss of identity can reduce job performance satisfaction, particularly in multidisciplinary teams (Molyneux, 2001). Each discipline within the team requires a sound understanding of the services provided and their unique role within the team (Lloyd & King, 2004). Prior to World War II the majority of occupational therapists worked in the mental health sector, but there has since been a decline in the number working in that area (Paul, 1995); recent estimates suggest some 11.8% of American (Paul, 1995) and 8.5% of Australian (Australia Institute of Health and Welfare, 2006; Knis-Matthews et al., 2005) occupational therapists are employed in mental health. Whilst reasons for this shift in specialty focus are multifactorial, issues such as the negative image of mental health, a perceived limited success in achieving improvements in health outcomes in chronically ill clients, isolated work environments, poorly defined roles, role blurring and role confusion are cited (Lloyd et al., 1999; Parker, 2001; Paul, 1995; Price, 1993; Reeves & Summerfield-Mann, 2004).

Bonder (1987) identified concern for the professional role of occupational therapists, implying that they should be aware of changes in service delivery and policy in order to explore the scope of the profession and recognise its future in mental health. Two decades on, occupational therapists continue to struggle with their role within the mental health sector. An Australian workforce survey by Lloyd et al. (2002) identified the diverse range of tasks undertaken by occupational therapists, including functional assessment, community engagement, planning activities, lifestyle redesign, group work, client advocacy and support. The authors identified a number of key issues facing occupational therapists employed in mental health. Role development and maintenance was an area of principle concern, followed closely by generic versus specific role, recruitment and retention, the need to adopt evidence-based practice, and the importance of undergraduate and postgraduate mental health training. Whilst

the study by Lloyd and colleagues did not focus specifically on youth mental health, it raised some interesting concepts surrounding the role of the occupational therapist in mental health. There may be value in conducting a similar study with occupational therapists working with young people.

Generic versus specialist roles

At present there is a lengthy debate exploring generic and specialist occupational therapy roles, with many authors suggesting that generic work often creates difficulties in teams around role confusion and role overload as members work in new and unknown territory (Brown, Crawford & Darongkamas, 2000; Cook, 2003; Parker, 2001; Reeves & Summerfield-Mann, 2004). A survey conducted in England by Brown et al. (2000) revealed that 26 to 75% of participating occupational therapists' time was spent on generic activities that included arranging case conferences, providing anxiety management, undertaking risk assessments, providing information, delivering medication, and undertaking a duty management role (similar to the tasks identified by Lloyd et al., 2002). Brown et al. argue that undertaking generic work contradicts the evidence on what constitutes effective team work.

Parker (2001) provides a clinical viewpoint of the specialist role and value of the occupational therapist within the mental health sector. She describes the difficulty some therapists experience in explaining their role and unique service contribution, and explores from her own clinical experience the ability to maintain a balance between specialist and generic working. The importance of maintaining clear clinical roles is emphasised. This includes the provision of activities such as independent living skills, practical activities in the home and community, and increasing independence and overall mental wellbeing (Parker, 2001). It is argued that occupational therapists can provide a unique service to individuals with mental health needs; however, further research is required to explore in more detail how this unique contribution and the balance between specialist and generic roles can be achieved.

Role blurring in mental health is evident across disciplines, and literature suggests a shift towards generic mental health roles (Rapaport,

2006). This has implications for health professionals working in mental health, and whilst this debate continues in the literature it remains important to explore the contribution of each health professional.

Representation within the multidisciplinary team

In Australia, despite the high proportion of nurses employed in mental health areas, there continues to be a move towards multidisciplinary mental health service delivery. The 2004 National Mental Health Report (Department of Health and Ageing, 2003) indicates that over 4,000 allied health professionals are employed in mental health services across Australia, 673 (17%) of whom are occupational therapists. Social workers and psychologists are also members of these teams and are represented in slightly higher proportions. This report suggests occupational therapists have a role within the mental health sector and within the multidisciplinary team; however, it is important that occupational therapists remain clear and concise about their unique contribution (Department of Health and Ageing, 2003).

Data on staffing for adolescent mental health services in Australia is limited (Australia Institute of Health and Welfare, 2006). In the United Kingdom, Jaffa, Lelliott, O'Herlihy et al. (2004) explored the staffing of youth mental health services in their investigation of 80 child and adolescent mental health services in England and Wales. The majority of staff within these settings were nurses and psychiatrists; however, over 40% of settings also employed an occupational therapist (Jaffa et al., 2004) and some settings also employed music/art therapists, family specialists and child psychotherapists (Jaffa et al., 2004). The authors note that not all of the child and adolescent mental health services were staffed by multidisciplinary teams (Jaffa et al., 2004).

There is a paucity of outcome data comparing the relative effectiveness of various team compositions on health outcomes, cost-effectiveness of service delivery and clinician satisfaction. The development of clear occupational therapy roles in adolescent mental health will promote support for the multidisciplinary team; with occupational therapists able to clearly articulate the unique

service role they play, role confusion and blurring will have less significant impact upon the team.

Studies reporting occupational therapy interventions with adolescents

Table 1 summarises the five studies that reported occupational therapy interventions for adolescents with mental health problems. The studies report a range of disparate assessments and interventions, evaluated in the context of a number of diverse health systems. A range of methodological issues, such as small sample size (Knis-Matthews et al., 2005), lack of

standardised data collection tools, variations in clinical settings and limited consistency in the evaluation of interventions, make it difficult to draw definitive conclusions from the data. What is evident is that occupational therapy interventions have the potential to improve health outcomes in this client group and promote an individual's ability to engage in meaningful occupations. Further rigorous investigation, however, is required to identify evidence-based assessments and interventions as well as the sub-groups who would derive most benefit from them.

Table 1. Studies reporting occupational therapy (OT) interventions or assessments with young people

Author	Country	Sample	Intervention/assessment	Results
Knis-Matthews et al. (2005)	USA	6 adolescents	<i>Residential care and school program</i> Designed and run by OT students to support young people aged 11-17 years with mental health issues Evaluated using the Children's Self Assessment of Occupational Functioning.	Results demonstrated a positive experience for adolescents, families, staff and OT students. This program highlighted to other health professionals the value and expertise of the OT within the team.
Lee et al. (2003)	USA	32 young people in the community in-patients in mental health facilities	<i>Assessment</i> Allen Cognitive Levels Screen (ACL-90 version)	Performance scores higher for adolescents living in the community. ACL-90 a valid assessment to screen cognitive function in adolescents.
Scaletti (1999)	New Zealand	No sample - description of model	<i>Community Based Rehabilitation (CBR)</i> A community development model for children, adolescent and family mental health. Suggests a five step approach: <ul style="list-style-type: none"> • Developmental casework • Mutual support systems • Coalitions of mutual interests • Pro-active community participation • Social commitment 	The model enables clients to progress from a powerless position through to a sense of well being and control.
Schnell (2004)	New Zealand	20 adolescents and 5 children	<i>Inpatient mental health program</i> Service designed for 13-18 year olds	The program has been successfully implemented, resulting in a positive validation of facilitators and occupational therapists in particular.
Willoughby et al. (2000)	Canada	39 young people with mental health issues	<i>Prevocational program</i> Two self-esteem measures were administered (Self Perception Profile for Adolescents and Importance Rating Scale for Adolescents)	Results from pre/post test showed no change in self-esteem. Physical appearance correlated highly with self-esteem, followed closely by behavioural conduct.

Two studies that explored the effects of different mental health settings discussed how young people engage in occupational therapy programs. Scaletti (1999) discussed a community based program, highlighting the key attributes of a successful adolescent rehabilitation program, which included the use of mutual support systems, engagement in the community and social commitment. In contrast, Schnell (2004) reported on the development of a 15 bed child and adolescent inpatient unit, which utilised the occupational therapist as a group facilitator and explored the role of the therapist in this capacity. The program incorporated the use of meaningful activities, balanced lifestyle and skill development to assist the adolescent to maintain their overall mental health (Schnell, 2004). Whilst these two studies report the outcomes of occupational therapy intervention in vastly different settings, both demonstrate improvements in the mental health of the adolescent following the intervention.

A further study reported by Knis-Matthew et al. (2005) explored a residential care program designed to support adolescents aged 11-17 years. This program was developed to focus on specific needs as identified by the adolescent clients. The program explored family reintegration, wellness and healthy living, development of independent decision making and increasing feelings of self-worth (Knis-Matthews et al., 2005). A primary limitation of this program was that it was only evaluated with six adolescent females; however, based on the results of this program adolescents reported an improvement in self-image, reintegration into family relationships, understanding their illness, improved communication and the development of hobbies, interests and healthy lifestyles (Knis-Matthews et al., 2005). Further research is required, however, to develop a stronger evidence base to guide clinical practice.

The area of prevocational training and development was highlighted by Willoughby, Polatajko, Currado et al., (2000). This study focused on 39 adolescents' self-esteem and preparation for a prevocational workshop. The workshop focused on adolescents' self-esteem, communication skills and confidence. Whilst pre and post test results demonstrated no difference in the self-esteem of the adolescent, important results were identified including the importance

of assessing self-esteem and self-concept with sound psychometric instruments. The difficulties detecting change following therapeutic intervention due to the sensitivity of measurement tools were explored. Further research into the use and reliability of measurement tools will assist therapists monitor change in self-esteem (Willoughby et al., 2000).

There was minimal literature on assessment tools for occupational therapists in youth mental health; only one article was located. Lee, Gargiullo, Brayman et al. (2003) explored the use of the Allen Cognitive Levels Screen (ACLS) as a valid cognitive assessment tool for young people. The ACLS was determined to be valid and reliable tool for young people; however, there remains minimal literature on its use in this population group.

Based on the literature identified here, it is evident that there is minimal evidence that focuses on occupational therapy assessment and intervention approaches for adolescents with a mental illness. Further well-designed and rigorous research that provides an evidence base to support the efficacy of occupational therapy interventions for this client group is essential to underpin future clinical practice.

Discussion

Literature reporting the role of occupational therapists in youth mental health is sparse. Research in this area is still within an early stage of development; therefore, it is unsurprising that the majority of retrieved articles were review papers and opinion pieces, rather than formal research reports or clinical trials.

From the literature reviewed, the following assumptions can be made. Occupational therapists perceive their role as frequently being unclear and blurred, and there is a need to develop a clearly defined role for occupational therapy in youth mental health (Lloyd et al., 2002). Occupational therapists have limited high-level research evidence to guide assessment and interventions for children and adolescents with mental health problems. Without evidence to guide practice, occupational therapy service provision is likely to be inconsistent and based upon resource availability and the individual preferences and experiences of practitioners rather than achieving optimal client focussed outcomes.

Occupational therapists continue to work within multidisciplinary teams, and it is in this setting that clear role definition is seemingly required. Balancing the role between generic and specific occupational therapy roles is important for therapists to be valued members of a multidisciplinary team (Brown et al., 2000; Jaffa et al., 2004; Lloyd et al., 2002; Parker, 2001; Reeves & Summerfield-Mann, 2004). The tension identified by occupational therapists in terms of generic versus specialist roles is a major barrier to further development of the occupational therapy role in adolescent mental health.

Although occupational therapists have become accepted as part of the multidisciplinary mental health team, there is evidence to suggest that adolescents with mental health problems do not necessarily access traditional services. The barriers to service access and utilisation in this client group need to be considered in the development of any interventions.

Future directions: Implications for policy and practice

Currently there are moves towards a positive policy environment and enhanced service delivery for mental health through expansion of government funding (Australian Health Ministers, 2003; Mental Health Council of Australia, 2005). Occupational therapists can take advantage of this growth environment to establish a clearly defined role and scope of practice within the multidisciplinary mental health team. There is, however, a need for rigorous research to provide evidence to underpin the development of interventions and models of care for young people.

Further research into the efficacy of various models of occupational therapy service provision, as well as the undergraduate and postgraduate preparation of therapists, will assist occupational therapists in more clearly defining their unique contribution to the multidisciplinary mental health team in this specialised area of practice. In order to explore the professional scope for occupational therapists in youth mental health, the authors suggest research that focuses on developing a greater understanding of the role of the occupational therapist in youth mental health. This may be achieved by conducting a

survey or interviews with therapists working in this area, similar to that completed by Lloyd and colleagues in 2002 but targeting the specialty area of youth mental health. In addition, in order to gain greater insight into why therapists would undertake a role in this area it may be necessary to explore the undergraduate preparation for a role in youth mental health. Finally, to encourage greater understanding and promote an evidence-based approach, research into the development of a model of practice would be valuable to this emerging area of occupational therapy.

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