

Fact Sheet

Mental Health in Children and Youth:

The Benefit and Role of Occupational Therapy

Participation in meaningful roles (e.g., student, friend, family member) and activities (e.g., sports or hobbies) leads to enhancement of emotional well-being, mental health, and social competence. Social competence for children and adolescents includes doing what is necessary to get along with others, making and keeping friends, coping with frustration and anger, solving problems, understanding social etiquette, and following school rules. Recent studies indicate that behavior and social interaction skills (i.e., social competence) are stronger indicators of academic and lifelong success than academic skills. Therefore, failure to support appropriate behavior and social competence can have long-lasting negative effects on a significant number of persons as they transition from childhood into adulthood.

Occupational therapists evaluate all the components of social competence and determine whether a child's motor, social-emotional, and cognitive skills; ability to interpret sensory information; and the influence from home, school, and community environments have an impact on his or her ability to meet the demands of everyday life.^{2,3} Occupational therapy practitioners also facilitate supportive environments to promote mental health among all children.



How Do Occupational Therapy Practitioners Support Children With Mental Health Issues?

Occupational therapy practitioners can assist with identifying the early signs of mental illness. They can also intervene with children who are at risk for failure, such as those whose families move frequently or those from families with economic or social disadvantages. They can offer services to children who are diagnosed with bipolar disorder, depression, autism, and other disorders that may affect a child's mental health. Occupational therapists use a client-centered evaluation process to develop an understanding of the child's primary roles and occupations (activities), such as play, schoolwork, and age-appropriate self-care. A client-centered assessment for children also requires interaction with school staff, parents, care providers, and community members. Therapists then seek to determine what factors affect the child's ability to meet the demands of these roles and activities and fully participate in them.

Interventions are used to promote social–emotional learning; regulate overactive or underactive sensory systems; collaborate with families and medical or educational personnel; and more. For example, occupational therapy practitioners can help the child incorporate sensory and movement breaks into the day to enhance attention and learning; and provide support to teachers and other school staff by breaking down study tasks, organizing supplies, and altering the environment to improve attention and decrease the effect of sensory overload in the classroom. Occupational therapy practitioners can also provide programming to establish social competence through planning and development of playground skill groups, bullying prevention, social stories, and after-school activities.

Occupational therapists and occupational therapy assistants also collaborate with adults in the child's life:

- **Parents or care providers**—to provide education about the social-emotional, sensory, and cognitive difficulties that interfere with a child's participation in play, activities of daily living, and social activities; and to help develop emotional supports, structure, and effective disciplinary systems.
- **Educators and other school staff**—to develop strategies for a child to successfully complete classroom, recess, and lunchroom activities and to interact effectively with peers and adults.

- Counselors, social workers, and psychologists—
 to provide insights into the interpersonal, communication, sensory
 processing, and cognitive remediation methods that aid emotional
 and social development.
- Pediatricians, family physicians, and psychiatrists—to support medical intervention for persistent mental illness and to provide a psychosocial and sensory component to supplement medical intervention.
- Administrators—to develop programs that promote social competence and to train staff and families to help kids learn and maintain sensory self-regulation strategies.
- **Communities**—to support participation in community leisure and sports programs; encourage education, understanding, and early intervention for children with mental health problems; and develop advocacy and community programs for promoting understanding of the mental health diagnosis and decreasing stigma.



Occupational therapy practitioners promote mental health in all the environments where children are playing, growing, and learning. Children with mental health issues receive occupational therapy services in hospitals, community mental health treatment settings, private therapy clinics, domestic violence and homeless shelters, schools, day care centers, and other early education programs.



Ultimately, the goal of intervention is to promote successful participation in the occupations that characterize a healthy childhood and set up the child for success throughout his or her life. Occupational therapy practitioners help to promote safe and healthy environments for learning, growth, and development by addressing both physical and mental health.

References

- 1. Child Mental Health Foundations and Agencies Network. (2002). A good beginning: Sending America's children to school with the social and emotional competence they need to succeed. Bethesda, MD: National Institute of Mental Health.
- 2. American Occupational Therapy Association. (2008). Occupational therapy practice framework: Domain and process (2nd ed.). *American Journal of Occupational Therapy, 62,* 625–683.
- 3. American Occupational Therapy Association. (2010). Occupational therapy services in the promotion of psychological and social aspects of mental health. *American Journal of Occupational Therapy, 58,* 669–672.

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