



Mental Health in Children and Youth: The Benefit and Role of Occupational Therapy



Why address mental health issues in children?

Between 6 million and 9 million children experience mental health issues severe enough to interfere with daily function (U.S. Department of Health and Human Services, 1999). Of those children, only one in five actually receives needed services, resulting in a significant proportion of children remaining underserved. As a child grows, occupational therapists and occupational therapy assistants are well positioned to identify the factors in the child's functional performance that result in poor ability to adapt to changing expectations in his or her home, school, and community. This expertise in analyzing and breaking down tasks also positions occupational therapy practitioners to help teachers and care providers problem solve and adapt the home and school environment to provide the child with a mental illness a sense of mastery and the ability to develop a healthy identity, despite his or her emotional disorder. Recent studies indicate that behavior and social interaction skills (i.e., social competence), rather than academic skills, are stronger predictors of academic and lifelong success (Child Mental Health Foundations and Agencies Network, 2002). Therefore, failure to address issues related to behavior and social competence can have long-lasting negative effects on a significant number of persons as they move from childhood into adulthood.

What is the focus of occupational therapy services?

Occupational therapists and occupational therapy assistants believe that participation in meaningful roles (e.g., student, friend, family member) and activities (e.g., sports or hobbies) provide satisfaction and a sense of purpose and success, as well as a way to develop self-control and a positive self-image. Unhappy, angry, or fearful children struggle to meet the expectations of their roles and activities, resulting in diminished confidence, limited or maladaptive social participation, lack of motivation both in the classroom and in other occupations, and inability to develop a healthy sense of self.

Active and meaningful engagement in life roles leads to enhancement of emotional well-being and promotion of social competence. Social competence refers to having the social, emotional, and cognitive skills to be able to participate in all the different relationships in a person's everyday life. Social competence for children and adolescents includes following school rules, doing what is necessary to get along with others, making and keeping friends, coping with frustration and anger, problem solving, and understanding social etiquette. Social competence provides the foundation for successful social participation, and lack of social competence leads to emotional difficulty, often characterized by behaviors such as bullying, feelings of loneliness, rejection by peers and authority figures, lack of quality relationships, and delinquency. Occupational therapists evaluate all the components of social competence and determine how the child's motor and cognitive skills; ability to interpret sensory infor-

mation; and the influence from home, school, and community environments have an impact on the child's ability to meet the demands of everyday life. Interventions often focus on helping the child develop social and emotional competence in order to foster success not only in childhood but in roles and occupations throughout the lifespan (American Occupational Therapy Association [AOTA], 2002; 2004).

Where do occupational therapists and occupational therapy assistants provide services for children with mental health issues?

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. An emerging practice setting for increasing numbers of occupational therapy practitioners is the development of private practices for children and adolescents with mental health issues (AOTA, 2002).

What kind of evaluation is done with children and adolescents who have mental health issues?

Occupational therapists use a client-centered evaluation process to develop an understanding of the child's primary roles and occupations, such as play, schoolwork, and certain aspects of self-care. For children, client-centered assessment requires interaction with the child as well as with teachers, parents, care providers, and even the child's bus driver.

Therapists then seek to determine what client factors—such as social-emotional skills, cognitive processes, and motivational issues—affect the child's ability to meet the demands of his or her occupations and fully participate in them. Lastly, the therapist considers the relationship between the child's performance skills and patterns, activity demands, and contexts that influence occupational performance (AOTA, 2002).

With whom do occupational therapy practitioners collaborate to provide services for children with mental health issues?

Occupational therapists and occupational therapy assistants collaborate with other professionals, as well as with the children and those who care for them, to provide the following mental health services:

- Children—to help develop performance skills in a variety of roles such as student, friend, team member, and family member.
- 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—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 doctors, 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; to encourage education, understanding, and early intervention for children with mental health problems; and to develop advocacy and community programs for promoting understanding of the mental health diagnosis and decreasing stigma.

What can occupational therapy practitioners do?

Evaluate to determine the child's skills; roles; habits; interests; social-emotional, sensory, and cognitive challenges; and contextual influences on behavior, in order to determine direction for the most effective intervention.

Intervene to teach underdeveloped social and cognitive skills; help the child learn to regulate overactive or underactive sensory systems; help the child incorporate sensory and movement breaks to support attention and learning; and provide support to teachers by breaking down study tasks, organizing supplies, and altering the environment to improve attention and decrease the effect of sensory overload.

Occupational therapy practitioners can also provide programming to establish social competence through such things as playground skill groups, social-emotional learning activities, social stories, explorations of the role of friend, and activities that help a child adapt to those aspects of his or her disability that will not be alleviated with therapy. 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.



Help maintain changes brought about by intervention such as organizing a medication schedule, and breaking down and organizing morning or homework routines.

Prevent further disability from social isolation through social activity programs promoting interaction skills and development of peer relationships. Occupational therapists and occupational therapy assistants intervene with children who are diagnosed with bipolar disorder, depression, autism, and disorders that include psychosis. They can also intervene with children who are at risk for failure such as the highly mobile child or disadvantaged youth. Occupational therapy practitioners participate in developing or promoting wellness/preventative programs to reduce at-risk behaviors such as bullying, drug and alcohol abuse, and school violence.

How can I find an occupational therapy practitioner?

Parents can talk to their child's teacher or counselor to request that an occupational therapy practitioner see their child and determine whether services should be added to his or her individualized education program (IEP). Another option is to talk with the child's physician, who can help identify referral sources such as the state's Department of Mental Health or the Department of Social Services. These agencies can refer children to occupational therapy and other needed services. Services may also be available through hospitals, private clinics, and social service agencies.

Who pays for occupational therapy services?

Occupational therapy is a skilled health, rehabilitation, and education service that is covered by private insurance, Medicare, Medicaid, behavioral health programs, early intervention, and school programs. Preschool and school-age children may be eligible for occupational therapy services under the Individuals with Disabilities Education Act (Public Law 105-17) or Section 504 of the Rehabilitation Act (Public Law 99-506). Many providers accept private payments.

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References

- American Occupational Therapy Association. (2002). Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy*, 56, 609–639.
- American Occupational Therapy Association. (2004). Psychosocial aspects of occupational therapy—Position paper. *American Journal of Occupational Therapy*, 58, 669–672.
- 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.
- Individuals with Disabilities Education Act Reauthorization of IDEA 2004, Pub. L. 105-17, 20 U.S.C. 1400 et seq.
- Rehabilitation Act Amendments of 1986. Pub. L. 99-506.
- U.S. Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon General*. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health, National Institutes of Health, and National Institute of Mental Health.

Related Reading

- Jackson, L. L. (Ed.). (2007). *Occupational therapy services for children and youth under the IDEA* (3rd ed.). Bethesda, MD: American Occupational Therapy Association.
- Jackson, L. L., & Arbesman, M. (Eds.). (2005). *Occupational therapy practice guidelines for children with behavioral and psychosocial needs* (AOTA Practice Guidelines Series). Bethesda, MD: AOTA Press.
- Kaufman Early Education Exchange. (2002). *Set for success: Building a strong foundation for school readiness based on the social-emotional development of young children*. Kansas City, MO: Ewing Marion Kauffman Foundation.
- Kielhofner, G. (2002). *Model of human occupation: Theory and application* (3rd ed.). Baltimore: Lippincott Williams & Wilkins.



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