The roots of occupational therapy (OT) lie in providing mental health services. In fact, at the beginning of the 20th century, the principles of moral treatment were being applied to individuals who were chronically mentally ill, and the first meeting of the National Association for the Promotion of Occupational Therapy was convened (Kielhofner, 2004). Early occupational therapists (OTs) were physicians, nurses, architects, and artisans who shared a common vision that was guided by five constructs:

1. Humans need to be occupied.
2. An individual’s health is dependent on and reflected in the habits that he or she uses to organize how time is spent on a daily basis.
3. The mind and body are connected.
4. Disruption in an individual’s participation in daily activities could be a result of poor health or could cause poor health.
5. Participation in everyday activities (or occupations) could be applied therapeutically to enhance a person’s mental health (Kielhofner, 2004).

In 1926, Bryant, as cited in Bryden and McColl (2003), spoke of the power of OT for children:

We know we are helping these misfit children to self-possession in the broadest sense of the word, to realize that they are responsible little folks with real things to do. We help them to form good habits, to be observant, attentive, cooperative, honest, well-behaved children. We know that their salvation lies in handwork, and so we are encouraged to try again and again. (p. 30)

Today, despite an ever-changing reimbursement system, OTs are continuing to provide mental health services to children in various settings, from inpatient psychiatry units to therapeutic day schools to community organizations. Contemporary pediatric mental health services are provided within the context of a tiered public health framework and include prevention, promotion, and direct intervention (Bayzk, 2011). Occupational therapists are involved in minimizing the risks associated with certain mental health conditions, reducing symptoms, and supporting children and youth to build capacity to function independently within their given roles (Bayzk, 2011).

Occupational therapists collaborate with various professionals to meet the mental health needs of children and youth across practice settings. These professionals include psychiatrists, psychologists, social workers, counselors, mental health providers, and nurses. In addition, OTs also collaborate with their clients and their families to ensure that their services are relevant and meaningful.

Questions to Consider

1. What are some examples of the ways that OTs can be involved in providing services that target mental health prevention and promotion?
2. What is unique about the type of services that OTs can provide to children and youth with mental health needs compared to other providers?
3. What are some examples of theories and frames of reference that may be used when working with children and youth with mental health needs?

References