MENTAL HEALTH PROMOTION, PREVENTION, AND INTERVENTION

Across the Lifespan

Occupational therapy's distinct value is to improve health and quality of life through facilitating participation and engagement in occupations, the meaningful, necessary, and familiar activities of everyday life. Occupational therapy is client-centered, achieves positive outcomes, and is cost-effective.

Occupational therapy has a rich history of promoting mental health in all areas of practice through the use of meaningful and enjoyable occupations (Meyer, 1922). The aim of occupational therapy services in mental health is to help all individuals develop and maintain positive mental health, prevent mental ill health, and recover from mental health challenges in order to live full and productive lives.

This document focuses on occupational therapy's distinct value in mental health promotion, prevention, and intensive interventions across the lifespan by fostering participation in meaningful occupations for persons with, at-risk of, and without mental health challenges. Occupational therapy services emphasize the use of meaningful occupation to promote participation in occupations (education, play, leisure, work, social participation, activities of daily living [ADLs], instrumental ADLs, sleep and rest) within a variety of environments, such as school, home, community, work, residential, and health care settings (American Occupational Therapy Association, 2014).

The actual "doing" of occupations is believed to be transformative, promoting adaptation, creating personal and social identities, connecting people to their communities, and enabling ongoing personal growth and development.
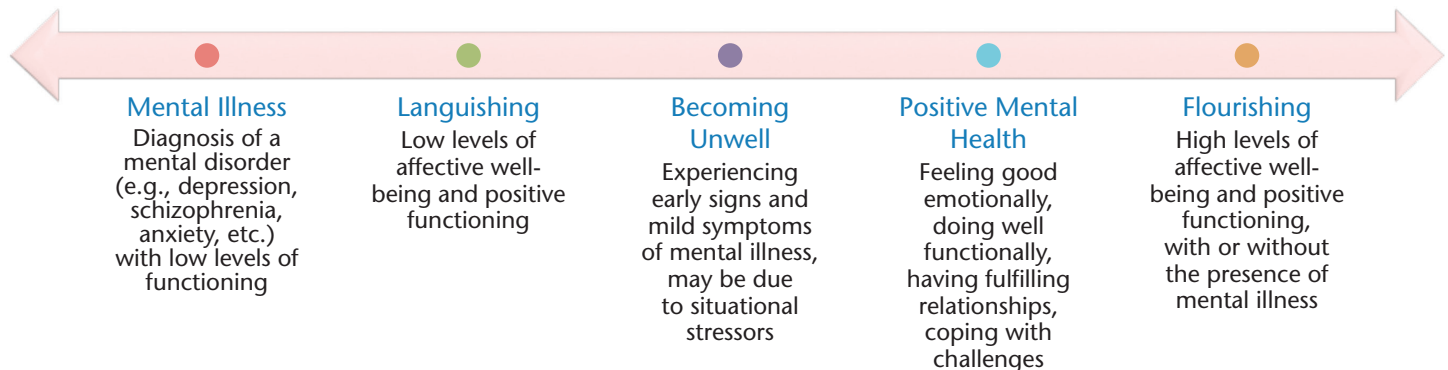*(Krupa, Fossey, Anthony, Brown, & Pitts, 2009, p. 156).*

The Relationship Between Engagement in Occupation and Mental Health Outcomes

Occupational therapy practitioners are distinctly qualified to provide occupation-based practice because of expertise in occupational performance, activity analysis and design, environmental analysis, neurophysiology, psychosocial development, and group dynamics, to name a few. When interacting with other mental health providers (e.g., psychologists, social workers, counselors, psychiatrists), it is important to articulate the distinct value of our services as the use of evidence-based meaningful activities to promote participation in everyday life. Research from the field of positive psychology has further confirmed that participating in meaningful occupations that result in positive emotions helps build resilience and fuel mental well-being (Donaldson, Csikszentmihalyi, & Nakamura, 2011; Fredrickson, 2004; Seligman & Csikszentmihalyi, 2000). The findings of an evidence-based review in pediatric occupational therapy practice, for example, indicate that activity-based interventions involving play, leisure, and recreation help improve children's social interaction, self-esteem, and positive feelings, and they reduce behavior problems (Bazyk & Arbesman, 2013). An occupational therapy preventative lifestyle intervention, *Lifestyle Redesign,* was shown to promote mental well-being with older adults living in the community (Clark et al., 2012).

"There is no health without mental health."
—World Health Organization [WHO], 2001

## Mental Health, Mental Illness, and Everyday Functioning

Occupational therapy practitioners provide services to people across the lifespan who experience a range of mental health and ill health based on genetic predisposition and/or life stressors (e.g., disability, injury, trauma). The continuum of mental health can range from acute mental illness or mental health challenges at one end, to mentally healthy and flourishing at the other (Keyes, 2007). Mental health is not merely the absence of mental illness, but the presence of a cluster of characteristics including positive affect, positive psychological and social functioning, and the ability to adapt to change and cope with life challenges (Keyes, 2007; U.S. Department of Health and Human Services, 1999). People who are mentally healthy, even with the presence of an identified mental illness, function better in everyday life and engage in activities to maintain health (Keyes, 2007; Rasciute & Downward, 2010; Sabatini, 2011). Because of the dynamic nature of mental health and mental ill health in a person's life, occupational therapy practitioners tune into and address the mental health needs of all clients in all practice settings.

Mental Illness	Languishing	Becoming Unwell	Positive Mental Health	Flourishing
Diagnosis of a mental disorder (e.g., depression, schizophrenia, anxiety, etc.) with low levels of functioning	Low levels of affective well-being and positive functioning	Experiencing early signs and mild symptoms of mental illness, may be due to situational stressors	Feeling good emotionally, doing well functionally, having fulfilling relationships, coping with challenges	High levels of affective well-being and positive functioning, with or without the presence of mental illness

(Barry & Jenkins, 2007; Keyes, 2007; Miles, Espiritu, Horen, Sebian, & Waetzig, 2010; U.S. Department of Health and Human Services, 1999)

Public Health Approach to Mental Health in Occupational Therapy

The WHO (2001) has advocated for a public health approach to mental health, which emphasizes the promotion of mental health as well as the prevention of, and intervention for, mental illness. This model provides a useful framework for describing occupational therapy's distinct value in mental health promotion, prevention, and intensive interventions across the lifespan (Miles et al., 2010; National Research Council and Institute of Medicine, 2009). Following a brief description of the focus of services at each level, specific examples of occupational therapy practice and research at each level are provided in Table 1.
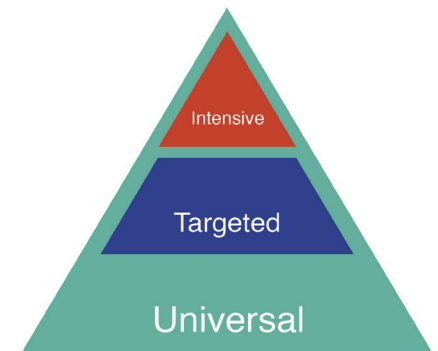
As a profession, occupational therapy traditionally lays claim to meaningful occupations as its core and has included health promotion and wellness in its scope of practice (Hildenbrand & Lamb, 2013, p. 267).

Intensive / Targeted / Universal

The Three Major Levels of Service

Tier 3–Intensive interventions are provided for individuals with identified mental, emotional, or behavioral disorders that limit daily functioning, interpersonal relationships, feelings of emotional well-being, and the ability to cope with challenges in daily life. It is well documented that people with serious mental illness experience occupational disruptions (Krupa et al., 2009) and higher incidences of many chronic medical conditions (Keyes, 2007; Saha, Chant, & McGrath, 2007). Occupational therapy practitioners are committed to the *recovery model* which focuses on enabling persons with mental health challenges through a *client-centered process* to live a meaningful life in the community and reach their potential (Champagne & Gray, 2011). Occupational therapy practitioners, with an in-depth knowledge of both physical and mental health, are distinctly qualified to provide integrated care to address a person's functioning in a variety of occupations (e.g., education, work, leisure, ADLs, social and community participation) using occupation-based psychosocial, self-management, and environmental interventions.

Settings

- Inpatient behavioral mental health
- Community mental health
- Alternative and public schools
- Residential (group homes, nursing homes)
- Home-based services
- Organizational workplaces

Focus of Services (Direct–Individual or Group, Consultation)

- Engagement in occupation to foster recovery and/or "reclaiming mental health" resulting in optimal levels of community participation, daily functioning, and quality of life
- Functional assessment and intervention (skills training, accommodations, compensatory strategies) (Brown, 2009, 2012)
- Identification and implementation of healthy habits, rituals, and routines to support wellness (Champagne & Gray, 2011)
- Social skills and friendship promotion groups (Bazyk & Arbesman, 2013)
- Community integration (recreation, leisure, work) (Arbesman & Logsdon, 2011; Bazyk & Arbesman, 2013)
- Normative life roles (Gibson, D'Amico, Jaffe, & Arbesman, 2011)
- Sensory strategies (Brown, 2009, Champagne, 2006, Downing, 2011)
- Supported employment, supported education (Arbesman & Logsdon, 2011)
- Cognitive behavioral strategies (Bazyk & Arbesman, 2013)
- Strategies for stress reduction (Downing, 2011)
- Trauma-informed care (Champagne, 2006)
- Motivational interviewing (Stoffel & Moyers, 2004)
- Intensive behavioral interventions (e.g., dialectical behavioral therapy)

Occupational therapy professionals can play a key role in improving the health of a population through prevention and wellness by reaching out to communities and organizations and by working with clients in managing chronic conditions (Hildenbrand & Lamb, 2013, p. 266).

Tier 2—Targeted services are designed to prevent mental health problems in persons who are at risk of developing mental health challenges, such as those who have emotional experiences (e.g., trauma, abuse), situational stressors (e.g., physical disability, bullying, social isolation, obesity) or genetic factors (e.g., family history of mental illness). Individuals at this level are often not identified as needing mental health services and may include persons with mild mental disorders, physical disabilities, and those living or working in stressful environments. Occupational therapy practitioners are committed to early identification of and intervention for mental health challenges in all settings. Services at this level emphasize both *prevention* of mental illness (e.g., reducing risk factors such as unhealthy daily routines, chronic stress, negative thinking) as well as the *promotion* of competencies to offset early symptoms (e.g., relaxation strategies, so-cial and emotional competencies, healthy lifestyle, basic life skills) and involve a more direct role in evaluation and intervention compared with Tier 1 services (Barry & Jenkins, 2007; Catalano, Hawkins, Berglund, Pollard, & Arthur, 2002; Miles et al., 2010). The use of character strengths, coping strategies, participation in enjoyable occupations, and environmental supports serve as important "buffers" in the prevention of mental ill health (Catalano et al., 2002).

Occupational therapists in all rehabilitation settings in which clients with stroke will be served must be prepared to assess and treat mental health impairments so that stroke survivors may fully participate in and receive the maximum benefit of rehabilitation (Hildenbrand, 2015).

Settings: All hospital, clinic, school, residential, home, and community-based environments

Focus of Services (Small groups, Consultation, Accommodations, Education)

- Engagement in occupations to promote mental health and diminish early symptoms
- Small, therapeutic groups (Olson, 2011)
- Environmental modifications to enhance participation (e.g., create sensory-friendly classrooms, home, or work environments)
- Modification of expected task or expectations
- Strategies for enhancing coping skills and social and emotional competencies
- Transition and re-entry (e.g., veterans, refugees, survivors of domestic abuse)

Philosophically, occupational therapy is steeped in health-promoting constructs and behaviors such as using time in meaningful and productive ways, "doing things" or engaging in occupations as part of an active lifestyle, and maintaining social connectedness (Meyer, 1922/1977 as cited in Hildendbrand & Lamb, 2013, p. 267).

Tier 1—Universal services are provided to all individuals with or without mental health or behavioral problems, including those with disabilities and illnesses (Barry & Jenkins, 2007; Jané-Llopis & Mittlemark, 2015). Occupational therapy services focus on *mental health promotion and prevention for all:* encouraging participation in health-promoting occupations (e.g., enjoyable activities, healthy eating, exercise, adequate sleep); fostering self-regulation and coping strategies (e.g., mindfulness, yoga); promoting mental health literacy (e.g., knowing how to take care of one's mental health and what to do when experiencing symptoms associated with mental ill health). Services at this level also focus on creating social and physical environments and activities that are enjoyable and successful for all individuals. Occupational therapy practitioners develop universal programs and embed strategies to promote mental health and well-being in a variety of settings, from schools to the workplace.

Settings: All hospital, clinic, school, residential, home, work and community-based environments

Focus of services: individual, group, school-wide, employee/organizational level

- Universal programs to help all individuals successfully participate in occupations that promote positive mental health (Bazyk, 2011)
- Educational and coaching strategies with a wide range of relevant stakeholders focusing on mental health promotion and prevention
- The development of coping strategies and resilience
- Environmental modifications and supports to foster participation in health-promoting occupations (Spangler, Koesten, Fox, & Radel, 2012)
- Mental health literacy—educating individuals and groups on mental health, mental illness, and activities and lifestyles that promote mental health (Jorm, 2012).

Occupational therapy practitioners are distinctly qualified to analyze the relationship between the person, environment, and occupation in order to promote participation in everyday life.

Occupational therapy practitioners use a combination of "detailed occupational analyses; activities graded to meet personal needs; explicit time use planning to encourage balanced participation; education to provide individuals with the information about their occupational situations, with which to empower an individual to effect change; focused efforts to capitalize on strengths and build skills; and consultation and environmental modification to secure the best match between the person and the occupation in which she or he is seeking to participate" (Krupa et al., 2009, p. 158).

Occupational therapy is client centered

"Occupational therapy practitioners work collaboratively with people in a manner that helps to foster hope, motivation, and empowerment, as well as system change" (Champagne & Gray, 2011, p. 1).

Occupational therapy is cost effective

- Evidence indicates it is more cost effective to support a person with serious mental illness to live in the community than it is to house them in a nursing home setting (O'Donnell, 2013). Occupational therapy practitioners provide the skills training assistance that individuals who have lived in institutionalized settings need to re-establish daily routines, to manage and monitor health conditions, to develop new roles (e.g., tenant), and to participate in their communities (Jones, 2015).
- In school settings, the impact of occupational therapy is maximized with integrated services to students with disabilities and mental health challenges in natural schools contexts. Such integrated services are cost effective in that students at risk of developing mental health challenges as well as those without risks benefit from integrated occupational therapy (Bazyk & Cahill, 2015).
- With community-dwelling older adults, occupational therapy lifestyle intervention has been shown to lead to significant positive changes in mental health and social functioning, and decrease depressive symptoms (Clark et al., 1997, 2012) leading to health care savings exceeding the cost of intervention (Hay et al., 2002).
- Occupational therapy intervention strategies (e.g., environmental modification, wellness-promoting activities, education for caregivers) has been found to save money by improving health status and quality of life for both clients and caregivers while decreasing hospital and skilled nursing admissions (Graff et al., 2008 as cited in Hart & Parsons, 2015).

Examples of Distinct Value of OT Mental Health Practice Across the Lifespan—Exemplary Practice, Model Programs, Evidence-Based Reviews, Websites, Information Sheets, Video Vignettes

TIER 3: Intensive Interventions for Individuals With Identified Mental Health Challenges	
Children/Adolescents	**Adults/Older Adults**
Exemplary practice, research, website: Early Detection & Identification for the Prevention of Psychosis Program (EDIPPP)—Donna Downing serves as the lead occupational therapist for this national, multi-site initiative focusing on the early detection and intervention of severe mental illness in adolescents. In addition to community outreach and education, OT services focus on supported education and employment interventions in collaboration with vocational specialists on each team (Downing, 2006, 2011; Ruff, McFarlane, Downing, Cook, & Woodberry, 2012). See the PIER Training Institute at www.piertraining.com and the National Association of State Mental Health Program Directors at www.nasmhpd.org *Information sheets:* AOTA School Mental Health Toolkit for Tier 3—Information sheets on addressing a variety of mental health challenges in school settings (e.g., anxiety, depression, reducing restraint and seclusion). Developed by AOTA's School Mental Health Workgroup. See www.aota.org/Practice/Children-Youth/Mental%20Health/School-Mental-Health.aspx	*Exemplary practice, model program, videos:* Nutrition and Exercise for Weight Loss and Recovery (NEW-R)—Adults with serious mental illness have high levels of obesity, which can lead to chronic medical conditions. Catana Brown and collaborators created a weight-loss program called RENEW: Recovering Energy through Nutrition and Exercise for Weight loss (Brown, Goetz, & Hamera, 2011; Brown et al., 2015). Retrieve the curriculum, including videos, from www.cmhsrp.uic.edu/health/weight-wellbeing.asp *Exemplary practice:* Transitioning From Nursing Homes to the Community OTs at Trilogy Behavioral Healthcare support people with serious mental illness to move from nursing homes where they have lived for years to their own independent apartments in the community (Thanos, 2014; Thanos & Rotter, 2014)

TIER 3: Intensive Interventions for Individuals With Identified Mental Health Challenges

Children/Adolescents	Adults/Older Adults

Children/Adolescents

Exemplary practice, research, website:

Trauma-informed Care (TIC), Sensory-Based Approaches and Occupational Therapy. Tina Champagne, director of the Institute for Dynamic Living, has developed occupational therapy interventions focusing on sensory modulation–related interventions for those with disorders of trauma and attachment (DTAs) and worked to integrate these within mental health systems of care (e.g., sensory-supportive equipment, furnishing, and modalities; sensory modulation–related kits, carts, and rooms) (Champagne, 2011). See the OT Innovations website at www.ot-innovations.com

Exemplary practice:

Transitioning From Inpatient Programming to Community Living: Towson University's Institute for Well-Being in Baltimore, Maryland, provides life skills development services for adolescents and young adults. Services at the program center are provided to community members but are also made available through special coordination with Tier 3 service settings. Towson University Occupational Therapy Center: www.towson.edu/iwb/therapy/index.asp

Exemplary practice:

Department of Occupational Science and Occupational Therapy at the University of Southern California Collaboration With the Violence Intervention Program-Community Mental Health Center (VIP-CMHC). Nancy Bagatell and Briana Hamill Pollard developed an OT intervention program for children who have been abused and/or neglected focusing on engaging in co-occupation, embedding regulation strategies into daily routines, and fostering play (Bagatell & Pollard, 2010).

Exemplary practice:

Promoting Self-Regulation in Youth With Severe Emotional Disturbance (SED) Using the ALERT Program in an 8-Week-Long Group (Barnes, Vogel, Beck, Shoenfeld, & Owen, 2008). Embedding the ALERT Program within the classroom for students with severe emotional disturbance for 8 weeks resulted in improvements in self-regulation.

Adults/Older Adults

Exemplary practice, manual:

Promoting Health and Wellness for People in Mental Health Recovery
Margaret Swarbrick and collaborators designed a guide for community sites to conduct health fairs for people with serious mental illness. The health fairs are meant to provide health screenings, education, and resources to support individuals to manage chronic health issues (Swarbrick et al., 2014). See more at www.integration. samhsa.gov/health-wellness/wellness-strategies/UIC_CSPNJ_Health_Fair_Manual.pdf

Exemplary practice:

Activity-Health Needs
Terry Krupa designed an occupational time-use intervention, Action Over Inertia, to encourage occupational balance and participation with individuals with serious mental illness living in the community (Edgelow & Krupa, 2011; Krupa et al., 2010).

Exemplary practice:

Creating Sensory Rooms in Acute Psychiatric Care
Tina Champagne created and evaluated sensory rooms in an acute psychiatric unit. The rate of seclusion/restraint in the unit was reduced by 54% during the year of sensory room implementation (Champagne, 2006).

Exemplary practice:

Development and Use of Community Living Skills (CLS)
Group Protocols for Functional Skill Development in Acute Mental Health Settings. Occupational therapy practitioners at Johns Hopkins Hospital in Baltimore implement CLS groups in the inpatient and day hospital focusing on IADLs, including health management, community navigation, home management, budgeting and money management, meal preparation, and grocery shopping (Lichtenstein Spense, Schwartzschild, & Synovec, 2015).

TIER 3: Intensive Interventions for Individuals With Identified Mental Health Challenges

Children/Adolescents	Adults/Older Adults

Children/Adolescents

Video vignette, exemplary practice:

OT Leisure Coaching With a Young Male With Severe Emotional Disturbance (SED), Anxiety, and Developmental Disabilities. David Weiss provides OT Leisure Coaching to help a young male explore and participate in a community-sponsored adaptive soccer program. See the Every Moment Counts website to view this video at www.everymomentcounts.org/view.php?nav_id=192

AOTA Practice Guideline:

Bazyk, S., & Arbesman, M. (2013). *Occupational therapy practice guidelines for mental health promotion, prevention, and intervention for children and youth.* Bethesda, MD: AOTA Press.

Adults/Older Adults

Exemplary practice:

Intensive Individualized Occupational Therapy improved indicators of recovery (social functioning) within a pilot controlled study of individuals with psychotic conditions. Outcomes suggest potential to improve community integration and function through OT intervention (Cook, Chambers, & Coleman, 2009). Functional improvement scores were also noted with early occupational therapy intervention for acute episodes of schizophrenia (Tanaka et al., 2014).

Systematic Review: Community Integration and Normative Life Roles for People With Serious Mental Illness. An investigation evaluating the effectiveness of occupational therapy interventions focusing on recovery (social skills training, life skills training, neurocognitive training paired with skills training) in the areas of work, social participation, and IADLs (Gibson et al., 2011).

Evidence-based review:

An Occupation-Based Perspective on Interventions for Persons With Substance-Use Disorders. The application of brief interventions, cognitive behavioral therapy, motivational strategies, and 12-step self-help groups to occupational therapy practice is described (Stoffel & Moyers, 2004)

AOTA Practice Guideline:

Brown, C. (2012). *Occupational therapy practice guidelines for adults with serious mental illness.* Bethesda, MD: AOTA Press.

TIER 2: Targeted Services: Prevention of Mental Illness and Promotion of Positive Mental Health for At-Risk Groups

Children/Adolescents

Model program:

Zones of Regulation—Self-Regulation Using Social Thinking and Sensory Strategies. Occupational therapist Leah Kuypers developed the Zones of Regulation curriculum to provide a systematic, cognitive behavior approach to teach children about their emotional and sensory needs in order to self-regulate and control emotions and impulses, manage sensory needs, and improve the ability to solve conflicts. The program was initially applied with children with autism spectrum disorder, but is now applied widely in schools with all students (Kuypers, 2011). See the website at www.zonesofregulation.com

Model program:

Self-Regulation Using Sensory and Thinking Strategies—ALERT Program ® for Self-Regulation of Arousal. Developed by occupational therapists Williams and Shellenberger, this program uses an engine analogy to teach children and adults how to understand their sensory processing needs and use sensory strategies to self-regulate arousal in order to function successfully throughout the day (Williams & Shellenberger, 1996). The website has additional information and products www.alertprogram.com/index.php.

Video vignette:

Teaching Self-Regulation to Students at Risk of Mental Health Challenges Using Social Thinking and Sensory Processing Strategies—This video features Carol Conway co-teaching Zones of Regulation in special and general education classrooms with teachers and the school counselor. See the Every Moment Counts website to view this video at: www.everymomentcounts.org/view.php?nav_id=190

Exemplary practice, research:

Occupation-Based Groups for Low-Income Youth in an After-School Setting—Occupational therapist Susan Bazyk developed the OT Groups for HOPE (Healthy Occupations for Positive Emotions) for low-income urban youth attending a community-based after-school program. These occupation-based groups take place over 8-weeks and focus on participation in healthy hobbies and interests and social and emotional learning. The meaning of the groups from the children's perspective was explored using phenomenology (Bazyk & Bazyk, 2009).

Adults/Older Adults

Exemplary practice, model program:

Promoting Mental Health in Older Adults
Occupational therapists Tracy Chippendale & Marie Boltz (2015) developed the Living Legends program which uses life review writing and intergenerational exchange to promote occupation among community-living older adults at risk for depression.

Exemplary practice:

Yoga to Reduce Combat Stress
A sensory-enhanced 3-week yoga intervention created and delivered by occupational therapists was found to reduce anxiety among deployed military personnel at risk for post-traumatic stress disorder (Stoller, Greuel, Cimini, Fowler, & Koomar, 2012).

Exemplary practice, model program:

Increase Well-Being in Cardiac Rehabilitation
An occupation-focused 12-week cardiac rehabilitation program promotes a self-management strategy to enhance self-efficacy. The goal is to increase a sense of well-being, promoting occupational performance (White & Buyting, 2011).

Evidence-based review:

Effective Interventions for Adults With Psychological or Emotional Impairment After Stroke. As many as 50% of stroke survivors experience mental health challenges (anxiety, depression) post-stroke. A number of interventions effective in promoting mental health are supported by research, including problem-solving and motivational interviewing behavioral strategies, multicomponent exercise programs, stroke education and care support, and community-based leisure participation (Hildenbrand, 2015).

Exemplary practice, research:

Reduce Depression in Stroke Survivors
In a randomized controlled trial, an occupational therapy home-based leisure program was found to improve participation and satisfaction with leisure activities, and reduce depression in individuals recovering from a stroke. (Desrosiers et al., 2007)

AOTA ® The American Occupational Therapy Association, Inc.

TIER 2: Targeted Services: Prevention of Mental Illness and Promotion of Positive Mental Health for At-Risk Groups

Children/Adolescents

Exemplary practice:

Transition From Foster Care to Independent Adulthood
Adolescents in foster care may experience significant transitional challenges toward the development of adult occupations. Occupational therapy's emerging practice potential has been noted for this population. Individuals encountered in adolescent Tier 3 settings frequently have foundations in this Tier 2 potential area of practice (Paul-Ward, 2009; Paul-Ward, Lambdin-Pattavia, & Haskell, 2014).

Video vignette:

Occupation-Based Group Emphasizing Social and Emotional Skills and Friendship for Students Experiencing Anxiety and Bullying
Jenny Negrey offers the Game Break group focusing on playing games at an outpatient clinic setting with children with disabilities who also experience anxiety, social exclusion, and bullying. View the video clip at www.everymomentcounts.org/view.php?nav_id=193

Information sheets:

AOTA School Mental Health Toolkit for Tier 2
Occupational therapy information sheets on addressing a variety of situational stressors that place children and youth at risk of mental health challenges in school settings (e.g., grieving and loss, obesity, bullying, childhood trauma). Developed by AOTA's School Mental Health Workgroup. See www.aota.org/Practice/Children-Youth/Mental%20Health/School-Mental-Health.aspx

Adults/Older Adults

Exemplary practice:

Stepping Stones Program
Texas Woman's University (TWU) in Denton, Texas, offers an occupation-based program for individuals with early stage Alzheimer's disease and their caregivers. The occupational focus is intended to improve quality of life indicators (Brown & Evetts, 2013).

Exemplary practice:

Community Behavioral Health Centers may provide a new setting for coordination of adolescent and young adult services (Parsons, 2015). More information is available at www.samhsa.gov/section-223

Exemplary practice, research:

DVD Training to Enhance Therapists' Mental Health Practices and Depression Identification and Treatment in Older Adults. Lysack and colleagues have developed, implemented and evaluated the use of a DVD training program to increase OT's knowledge of how to identify and treat mental health challenges (e.g. depression) in older adults. Findings suggest that the DVD trainings are effective in increasing knowledge, attitudes, and practice change with older adults (Lysack, Leach, Russo, Paulson, & Lichtenberg, 2013; Lysack, Lichtenberg, & Schneider, 2011).

TIER 1: Universal Strategies

Children/Adolescents

Exemplary practice, model programs, website:

Applying A Public Health Approach to Children's Mental Health In School and Community Practice:
Susan Bazyk is the project director of Every Moment Counts: Promoting Mental Health Throughout the Day, an Ohio Department of Education–funded mental health promotion initiative led by occupational therapy practitioners (2012–present). A multi-tiered, public health approach to mental health in school and community settings guides this initiative. Major goals include: (1) *building capacity* of OT practitioners to do this work throughout Ohio using Communities of Practice (Bazyk et al., 2015); (2) developing and implementing *model programs* and *embedded strategies;* and (3) disseminating materials on the initiative's website (www.everymomentcounts.org)

- **Embedded classroom strategies:** Video vignette depicting an OT (Lezlie Fahl Kinder) fostering mental health literacy and self-regulation with a student with disabilities. Video link: www.everymoment-counts.org/view.php?nav_id=188; also see Moments for Mental Health, embedded mental health promotion strategies at http://www.everymomentcounts.org/view.php?nav_id=137

- **Comfortable Cafeteria:** 6-week program embedded during lunch to create a positive lunch environment for all students to enjoy their meal and socialize with friends. Goal is to educate and coach cafeteria supervisors in helping students with and without disabilities and mental health challenges. Video link: www.everymomentcounts.org/view.php?nav_id=184

- **Refreshing Recess:** 6-week program embedded during recess to help all children enjoy play and socializing with friends. OTs educate and coach recess supervisors in creating a positive recess experience for students with and without disabilities and mental health challenges. Video link www.everymoment-counts.org/view.php?nav_id=187

Adults/Older Adults

Exemplary practice, research:

Applying a Public Health Approach to Workplace Health at the Organizational Level: Nancy Spangler is a consultant to the American Psychiatric Association on workplace mental health. She has developed a model for addressing all aspects of the mental health continuum: Tier 1 strategies focus on preventing distress and building organizational resilience; Tier 2 prevention strategies focus on providing information, resources, and benefits; and Tier 3 strategies involve active intervening with employees with mental health challenges (Spangler et al., 2012).

Exemplary practice:

Reducing Stress Through Yoga
Evidence indicates that yoga can reduce anxiety (Chugh-Gupta, Baldassarre, & Vrkljan, 2013). Lynn Stoller, a Boston-based occupational therapist and hatha yoga instructor, shares seated poses for a calming lunchtime break in the web-based Yoga Journal.com. Seewww.yogajournal.com/article/advanced-poses/day-15-desk-yoga-poses-inner-peace/

Exemplary practice, research:

Lifestyle Intervention With the Well Elderly
An occupational therapy preventative lifestyle intervention, *Lifestyle Redesign,* was shown to promote mental well-being, including vitality, social function, mental health, life satisfaction and depressive symptomology, with older adults living in the community (Clark et al., 2012)

Exemplary practice:

Wellness Navigators
Occupational therapists work as wellness navigators in primary health care, providing resources and emotional support to individuals, families, and community groups. Preliminary evidence indicates that they are effective in keeping citizens from "falling through the cracks" of health care systems (Moore, 2013)

TIER 1: Universal Strategies

Children/Adolescents

Exemplary practice, model programs:

Drive Thru Menus for Relaxation & Stress Busters; and Attention & Strength. Tere Bowen-Irish developed the classroom "menus" of short activities to help students engage in activities to promote relaxation or attention. The OT educates teachers on how to embed this menu of activities within the classroom to help students function successfully in school. The program contains a manual, colorful posters, and a DVD overview of how to implement the activities (Bowen-Irish, n.d.a, n.d.b).

Exemplary practice:

Applying a Multi-Tiered Approach to Mental Health Promotion, Prevention, and Intervention at Sierra Academy in San Diego. Erin Schwier has applied a public health approach to mental health in this alternative school setting. Tier 1, "Sierra Strong" strategies emphasize health promotion; Tier 2, "Sierra Survivor" strategies include summer extended services emphasizing activity-based interventions; and Tier 3, intensive individual or group interventions focus on successful activity participation (Schwier, 2015).

AOTA Self-Paced Clinical Course:

Bully Prevention and Friendship Promotion. Bazyk, S. (2014). Bully prevention and friendship promotion: OT's Role in School Settings. One hour self-paced clinical course. AOTA Continuing Education. myaota.aota.org/shop_aota/prodview.aspx?-TYPE=D&PID=241197935&SKU=WA1080

Exemplary practice:

Promotion of Health Habits in Sleep, Physical, and Eating Routines of Children as a Prevention and Promotion of Health and Well-Being (Persch, Lamb, Metzler, & Fristad, 2015).

Information sheets:

AOTA School Mental Health Toolkit for Tier 1
Strategies for promoting mental health including strengths-based approaches, creating positive cafeteria and recess experiences, and social and emotional learning. Developed by AOTA's School Mental Health Workgroup. See www.aota.org/Practice/Children-Youth/Mental%20Health/School-Mental-Health.aspx

Adults/Older Adults

Exemplary practice, research:

Use of Sensory-Enhanced Yoga to Combat Stress in Deployed Military Personnel. Sensory-enhanced yoga (7 days/week) was found to be an effective preventive intervention to reduce anxiety and enhance feelings of mental well-being and quality of life in military personnel (Stoller et al., 2012).

Exemplary practice:

Promoting Occupation, Health, and Well-Being
A Canadian framework in progress, *Do-Live-Well,* is grounded in evidence with a broad focus on occupation and the impact of everyday activities on health and well-being (Moll et al., 2015)

Exemplary practice:

Driver Safety Programs for Older Adults are noted to address sensory and motor concerns that affect driver awareness and control of the motor vehicle. Occupational therapy has additional distinct value in its sensitivity and adaptation related to the emotional value of driving as occupation (Golisz, 2014).

Exemplary practice:

Wellness Programs
Towson University's Center for Well-Being offers a comprehensive community-based wellness program for older adults. The center has a multidisciplinary staff that enables individuals to access additional support and wellness services. www.towson.edu/iwb/wellness/index.asp

Research:

Understanding How Sensory Dissonance Provokes Negative Mental States and Distress (Bailliard, 2015).

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Additional Resources: Occupational Therapy With Children and Youth

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