

Cook S, Chambers E , Coleman JH (2009) Occupational Therapy for People with Psychotic Conditions in Community Settings: A Pilot Randomized Controlled Trial. *Clinical Rehabilitation* 23: 40-52.

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This summary is written for health professionals, people who have been diagnosed with a mental health difficulty, such as schizophrenia, and their friends and family. The aim of this summary is to inform everyone mentioned above about a research article and how the results of this article might be useful to them. The article looks at whether occupational therapy helps people with particular types of mental health difficulties to cope better in social situations, to become more active, feel more energetic and get some type of work.

Background

People are said to have a psychotic condition if the person is diagnosed with one of the following: schizophrenia, schizo-affective disorder or bi-polar disorder but only if the person is also experiencing hallucinations or is struggling to think or move rapidly. 4 per 1000 people have experienced schizophrenia, it happens more commonly in Western countries. Having a psychotic mental health difficulty can impact on your ability to relate to people, how well you look after yourself, your thinking, whether you enjoy life and whether you can keep a job and feel part of society. So far there has been no solid proof of any particular treatment that fully benefits people who have a psychotic mental health difficulty living in the community.

Methods

Occupational therapy has been used to help people with mental health difficulties since it began as a profession, but there is not much proof to say that it works. Therefore the researchers aimed to see if a small study would show whether a larger experiment might be possible. They also looked at whether they could find any differences in getting work or feeling more able to cope with social situations etc. between people who did not get occupational therapy and those who did.

The research was a randomized controlled trail – this means that the people in the study were given the same chance of being in either the group who received occupational therapy or the group who didn't. The researchers chose to have a bigger group receiving occupational therapy (30 people) because they knew it was the treatment the clients normally received. The researchers haven't said why they thought it was alright for other people with the same problems (14 people) to go without 'normal' treatment or how they could have done the study differently so that both groups benefitted. The research does not say exactly what was done by each occupational therapist except that they worked with their client to meet the client's goals. The people carrying out the research did not know which people were in each group. This was done so that it did not affect how the researcher marked the interviews they carried out with each person.

The patient groups

The only difference between the group who received occupational therapy and those who didn't was that two thirds of the occupational therapy group were single, most of

the rest lived with someone. Nearly all of the people in the other group lived alone.

Assessment

Occupational therapy or 'treatment as usual' was given to the research participants for up to one year. People from both groups were interviewed before the start of their treatment, then 6, 9 and 12 months after it started. During the interviews the researchers used the Social Functioning Scale to look at how well people were: dealing with relationships, doing social activities, using their free time and being independent. They also used a Scale for the Assessment of Negative Symptoms to look at how people were thinking (if they were struggling to concentrate for example) and how they were feeling (e.g. if they were feeling low with little energy). The Social Functioning Scale has been tested and proved that it can accurately find changes in how people with mental health difficulties cope in society, but the researchers did not say whether the Assessment of Negative Symptoms had also been tested. We also are not told in this research what 'treatment as usual' means except that it cannot involve occupational therapy.

Results

There was no significant difference between the two groups when their scores on the Social Functioning Scale and their scores on the Scale for Assessment of Negative Symptoms were compared; they had both improved a lot. However when the occupational therapy group's first and final scores were compared they had significantly got better at relating to people, using their spare time and being independent. The treatment as usual group did not have the same amount of improvement, even though they too had got better in these areas.

Conclusion

One part of what an occupational therapist does is to help people, living in the community, make changes in the way they deal with particular parts of their social life. However the researchers say that it was difficult to keep the two groups completely separate because the health professionals dealing with the clients in the groups were used to working as a team and sharing knowledge. Therefore some of the clients in the 'treatment as usual' group did get help directly from other health professionals which would usually come from an occupational therapist. The researchers believe that this might have made the differences between the two groups smaller.

The results of the study are quite positive and the research paper is reasonably easy to read. It is clear that implementing the results of this research would have a big effect in two ways: firstly, if these areas of your life are causing you difficulties occupational therapy could help. Secondly, more occupational therapists might be needed for community work to help the people living there with mental health difficulties. However, if you have this particular type of mental health difficulty you may not only want to focus on how you manage socially or whether you can overcome feeling low and withdrawn, there may be other areas in your life which are just as important to you but this paper does not deal with any other area.