

Evidence in Mental Health Occupational Therapy Interventions: What We Know Works, What We Need to Know More and What We Should Avoid Doing.

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Mental health interventions are particularly hard to establish evidence, due to difficulties in protocolizing treatment, reliance on therapist's skills in delivering outcomes, and the complexities in measuring mental health outcomes. However, much work has been done over the past decades to establish evidence in some interventions that inform mental health occupational therapy practice, such as Individual Placement and Support (IPS) model of supported employment, cognitive remediation, recovery-based approaches etc. These are the interventions that '*we know should work*'.

In recent years, emerging studies have presented exciting opportunities for us to investigate further into the therapeutic ingredients of various occupational therapy interventions. The use of sensory-based approach in trauma-informed occupational therapy has shown promising outcomes and has been increasingly adopted by psychiatric teams as one of their interventions. Time use intervention has also incorporated cognitive behavioral and Interpersonal Social Rhythm Therapy (IPSRT) framework to improve its robustness. In addition, occupational therapists have over the years attempted to establish evidence in the use of art, music, dance & movement, qigong etc within mental health practice. Furthermore, studies on the use of technology in assessments (eg: Ecological Momentary Assessments) and interventions (eg: telerehab, virtual/augmented reality, mobile applications and sensors etc) hold promise in advancing mental health occupational therapy practice. These are certainly areas that '*we need to know more*'.

Lastly, this session will provide pointers on what '*we should avoid doing*' when we engage in mental health research and clinical practice. While the profession endeavors to establish evidence for interventions that may benefit service users at various stages of acuity, it is crucial to align our therapeutic approach with an established occupational therapy model or framework of practice.