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[ OTASA POSITION STATEMENT ]

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# Occupational therapy in child and adolescent mental health

## INTRODUCTION

South African children and adolescents regardless of their gender, cultural group and social circumstances in which they live face significant adversities. Some of these adversities include socioeconomic and sociocultural distress, trauma, violence, exposure to substance use, screen overuse and cyberbullying, gender-based violence, stigma toward youth with gender-diversity and disabilities, child-headed households, and unequal access to health, education and social services that compromise mental health and occupational participation. This is especially true in rural and underserved communities[1,2].

Occupational therapy, as a profession, responds to these challenges through;

- preventive strategies that promote optimal occupational participation development and milestone achievement that support mental health in children. Occupational therapists screen children and adolescents to identify early signs of mental distress and mental health concerns which are mediated through short term community-based person-specific activity and participation-based interventions, caregiver support, and intersectoral collaboration across health, education, justice, social development, and community sectors[3].
- occupational therapy service provision for children and adolescents who have diagnosed Mental health conditions in hospitals, institutions and in the community as part of the provision of universal health coverage,

## OCCUPATIONAL THERAPY IN CHILD AND ADOLESCENT MENTAL HEALTH SERVICE PROVISION

Mental health problems in children and adolescents may include developmental disorders, behavioural disorders, common mental health disorders, psychosis, substance use, and self-harm or suicidal gestures[4,5].

Following a comprehensive assessment, occupational therapists provide evidence-based interventions to young people experiencing emotional, behavioural, and developmental difficulties that interfere with engagement in daily occupations such as self-care, education and learning, play, and social participation along the mental health continuum[6]. Intervention outcomes are promotion of optimal development, health and well-being by supporting participation in healthy, meaningful occupations that children want, need, or are expected to do and are appropriate within the context in which they live. Thus, providing a developmental and therapeutic bridge across health, education, justice, and social systems, with its unique focus on participation in developmentally appropriate, meaningful and health-enabling occupations[7].

Occupational therapy is grounded in holistic, developmental, and functional approaches and is rooted in a person-centred philosophy. Occupational therapy draws on the eight dimensions of wellness named in the 2005 Children's Act 38[8] to provide interventions at all levels of care and service sectors, facilitating inclusive learning, optimal occupational development, trauma rehabilitation, and developmental skill-building[9,10].

Play, as the primary occupation of childhood, is both a goal and a means in occupational therapy. Occupational therapists use participation in play activities and other meaningful

occupations to achieve recovery goals. This includes addressing interpersonal, psychosocial, sensory and perceptual factors impacting occupational performance. Additionally, they advocate for occupational justice for children and adolescents with mental health problems, supporting their rights to participate in a broad range of meaningful occupations and achieve their potential in safe, child-friendly environments in school, home, or community contexts, which enhances self-regulation and engagement in developmentally appropriate occupations[9,10].

According to the Health Professions Council of South Africa (HPCSA), occupational therapists' scope of profession[11] is to enable participation and enhance performance in the occupational categories of self-care, education and learning, leisure, personal and community living, play, social participation and work[9,10,11].

## POLICY ALIGNMENT AND LEGISLATIVE FOUNDATIONS

Occupational therapy's contribution is guided by constitutional and legislative imperatives to ensure child-centred, developmentally appropriate mental health care. These include the Constitution (1996)[12], Children's Act (2005)[8], Mental Health Care Act (2002)[13], National Health Act (2003)[14], and the South African Schools Act (1996)[15], as well as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)[16] being. The UNCRPD[16] aligns seamlessly with the Screening, Identification, Assessment and Support (SIAS) Policy (2014)[21]. The Accommodations and Concessions[22] (reasonable accommodation) and the inclusive education principles embedded in the Schools Act[15] strengthen occupational therapists' advocacy role. This ensures that children with mental health conditions are not excluded, marginalised, or denied access to services due to stigma, systemic barriers, or lack of reasonable accommodation, reinforcing occupational therapists' responsibility to support participation, accessibility, and occupational justice. The Accommodations and Concessions Manual[22] ensure that learners with mental health conditions such as anxiety, depression, trauma-related disorders[23,24], and emotional dysregulation receive appropriate assessment accommodations enabling full participation in the curriculum and assessment processes. Together, these policies strengthen the mandate for inclusive education and reinforce the role of occupational therapists in supporting learner participation, reducing barriers to learning and development as well as promoting psychosocial wellbeing within school environments[25,26].

and the South African white paper on the rights of persons with disabilities (2016)[17]. Furthermore, the National Mental Health Policy and Framework and Strategic Plan 2023 - 2030[18] has included occupational therapy as an essential service in achieving its mission of enabling the mental health and well-being of all people from infancy to old age. Aligning occupational therapy with these legislative foundations and strategic initiatives supports holistic service delivery and meets the WHO's vision for multisectoral, human-rights-based care, all advocating for child-centred, developmentally appropriate services that are cost-efficient[19].

Occupational therapists are uniquely equipped to provide services to children and adolescents with mental health problems[20] with the therapeutic outcomes being promotion of optimal development, health and well-

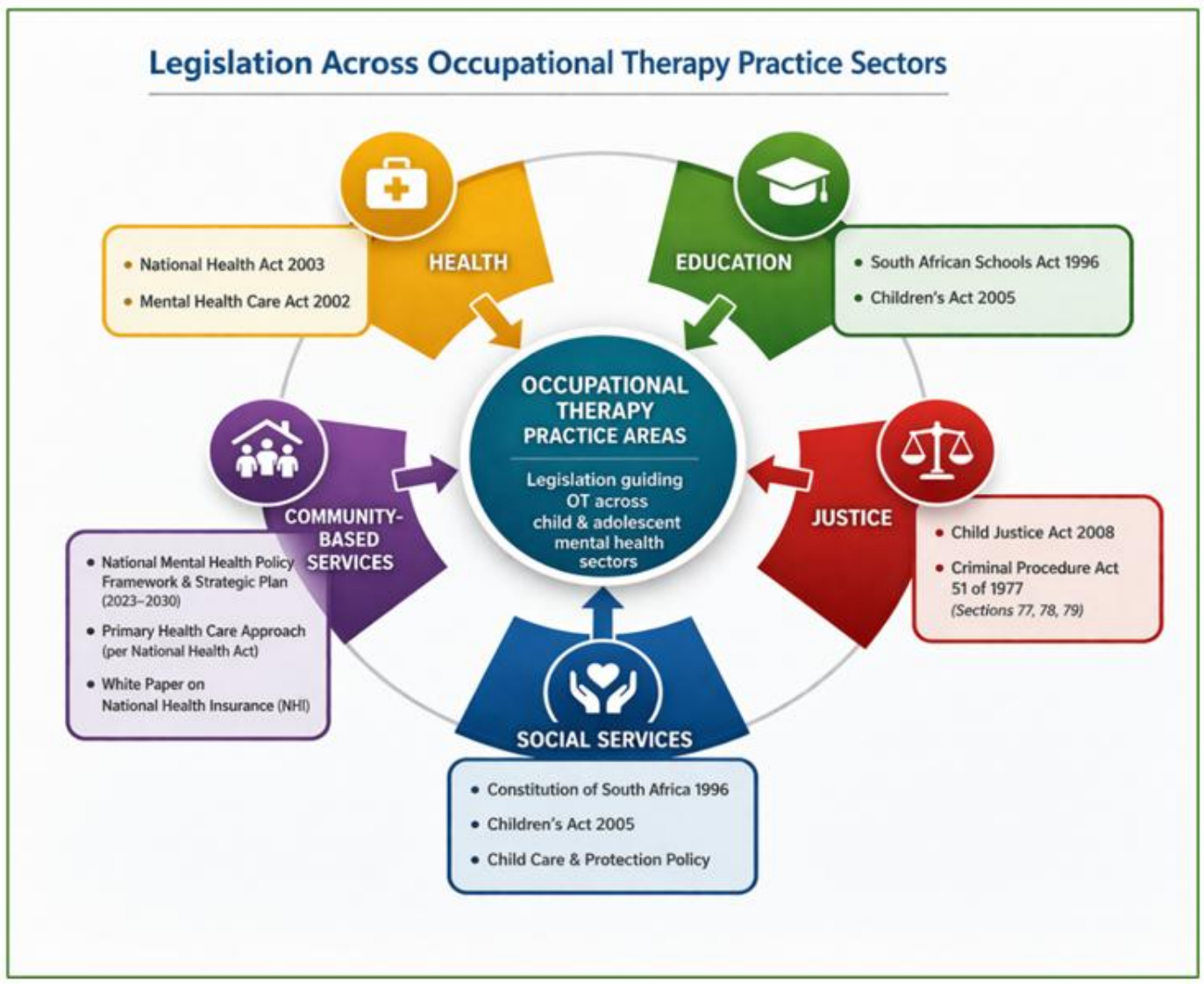


Figure 1: Legislation application across occupational therapy practice sectors

## OCCUPATIONAL THERAPY INTERVENTION

Occupational therapy services for children and adolescents with mental health concerns can be delivered in a range of private and public sector venues from the child's home to ECD centres, schools by school based practitioners and district support teams, primary health clinics, hospitals at all levels of care, institutions (such as children's homes, orphanages, places of safety, and juvenile detention centres), non-governmental organisations (NGOs), non-profit organisations (NPOs), and the private practices[20]. In the education sector, occupational therapists play a significant role in supporting these learners by collaborating with teachers, applying inclusive education policies, and ensuring that learners receive appropriate accommodations, interventions, and support in line with the SIAS policy[27].

Occupational therapy intervention accommodates children's and adolescents' mental health needs as they shift with age. Occupational therapists support their development and mental health through carefully selected therapeutic activities that are meaningful, goal-directed, and purposeful in line with key developmental occupations at each stage[11].

0–6 Years: Interventions focus on foundational skills needed for participation in family and community life, and readiness for school through sensory integration, play, and motor coordination. These are provided through Early Childhood Development (ECD), Primary Health Care (PHC), and family-centred services. Occupational therapy addresses emotional dysregulation, attachment challenges, and trauma in this stage[28].

6–12 Years: Occupational therapy responds to academic, behavioural, and emotional difficulties that affect participation in school and daily life. Bullying (including cyberbullying), anxiety, school-related gender-based violence, and self-harm are emerging risks[23,24] and therapists play a key role in prevention, early intervention, and school-based support.

Adolescence (10–19 Years): A critical period for identity formation and life skills development. Occupational therapists support adolescents to develop the culturally defined knowledge, skills and attitudes needed for participation in meaningful occupations in adulthood. Interventions may include stress management, self-harm prevention, substance abuse intervention, and vocational guidance through school and community programmes[29,30].

## CORE COMPETENCIES AND KNOWLEDGE

Core occupational therapy competencies in Child and Adolescent Mental Health (CAMH) include early identification, activity program design informed by theory, use of therapeutic media, and clinical reasoning to address diagnostic overshadowing of physical symptoms mistakenly attributed to an existing mental health condition, caregiver guidance, multi-disciplinary team integration, and inclusion of school-based role players in therapeutic design and case management[31,32]. The core competencies and knowledge application must be embedded in occupation and the scope of Occupational Therapy profession[11].

Four areas of knowledge are needed by the occupational therapist working in CAMH[33]:

- **Human development** throughout the lifespan, including stages and tasks in sensory-motor, cognitive, and social-emotional growth.
- **Purposeful activity** in the areas of activities of daily living, and specifically, play.

**Theoretical frameworks and practice models**, to use appropriate occupational therapy models and frameworks for the specific client group.

**Psychopathology and Psychiatry**: the problems and disorders commonly encountered in child psychiatry.

Contemporary South African children and adolescents are growing up in a rapidly shifting socio-temporal landscape that deeply influences their mental health and occupational participation. Occupational therapists must remain responsive to these current realities, drawing on culturally relevant, inclusive, and developmentally supportive frameworks to promote mental health and meaningful participation[34,35].

## CONCLUSION

This position statement draws on national research, best practice guidelines and highlights Occupational Therapists' intersectoral competencies and alignment with the shift toward decentralised, community-based mental health care in line with universal health care using a primary health care approach.

Occupational therapy offers an integrated, developmentally attuned response to the mental health needs of children and adolescents in South Africa. Through clinical expertise, advocacy, and systems-level engagement, occupational therapists promote resilience, inclusion, and long-term well-being. This holistic, occupation-centred approach enables young people to participate meaningfully in daily life across home, school, and community settings, even in the presence of emotional, behavioural, developmental, or psychosocial challenges.

This position statement affirms that strengthening of occupational therapists' integration across health, education, justice, and social development systems is essential for building a responsive, inclusive, and future-focused CAMH landscape in South Africa. Through clinical expertise, advocacy, research, and systems-level engagement, occupational therapists contribute to a society in which every child and adolescent can participate optimally, thrive and realise their potential.

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