

Effectiveness of Occupational Therapy Interventions in Improving Activities of Daily Living Among Adults with Severe Mental Illness: A Systematic Review

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ABSTRACT

Severe mental illnesses (SMI) often disrupt the ability to perform basic Activities of Daily Living (ADLs) such as bathing, dressing and eating. These are tasks that are fundamental to autonomy, dignity and social participation. This systematic review examines how occupational therapy (OT) interventions aim to restore these critical skills in adults diagnosed with SMI, following criteria established by the National Institute for Health and Care Excellence (NICE, 2016). Through an analysis of studies published between 2009 and 2024, the review addresses various intervention approaches such as home-based routines, group-based activities, individualized therapy sessions as well as innovative programs like animal assisted therapy. The evidence overwhelmingly supports a positive conclusion: tailored occupational therapy, particularly when matched to the individual's needs and focused in real-world settings, can improve both basic and instrumental ADLs, especially when implemented early in treatment. These findings reinforce occupational therapy's essential contribution to functional recovery, even as the literature points to persisting gaps. Several studies are marked by small sample sizes and show inconsistent outcome measures, showing the need for more robust research. Future research should include larger participant groups, extended follow-up periods, standardized ADL assessments and mixed-method designs that capture both measurable outcomes and the lived experiences of those receiving care.

Keywords: *Occupational Therapy, Severe Mental Illness, Activities of Daily Living, Treatment*

Imagine waking up, reaching for your toothbrush and realising the entire sequence of wetting the bristles, squeezing the paste and moving the brush in circles no longer comes naturally. Now extend that to every self-care task: buttoning a shirt, making breakfast and even tying your shoelaces. For countless people living with severe mental illness (SMI) this loss of daily functioning isn't a temporary disruption, it's their everyday reality. Helping people regain these abilities is far more than traditional "therapy", it opens the door to living life on one's own terms.

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According to the UK's National Institute for Health and Care Excellence (NICE), SMI refers to long-term or recurrent psychiatric conditions such as schizophrenia, bipolar disorder, schizoaffective disorder, and severe depressive episodes that cause significant functional impairment and require sustained treatment (NICE, 2016). These conditions frequently compromise important domains like motivation, cognitive processing and executive functioning, creating barriers to Activities of daily living (ADLs); those basic self-care tasks for maintaining health and independence such as bathing, dressing, grooming, eating and moving about the home (American Occupational Therapy Association [AOTA], 2020). The impact of these tasks extends beyond minor inconvenience. When people struggle with these tasks, the consequences ripple outward and contribute to deteriorating physical health, social isolation and increased hospitalisation rates (John et al., 2022). In short, when ADL independence wobbles, recovery becomes fragile.

Occupational Therapy (OT) is one of the few professions that moves past symptom management where practitioners go straight into rebuilding the daily routines that provide structure and meaning to people's lives. Through direct skills training and adaptive strategies, OT aims to reconnect people with the tasks that give their days rhythm and purpose (AOTA, 2020). In the context of SMI, OT interventions often concentrate on self-care, simple kitchen tasks and other ADLs that act as stepping stones towards social participation and engagement.

Despite occupational therapy's established presence in mental health settings, the research evidence on OT's effectiveness in improving ADLs for people with SMI remains surprisingly fragmented. Earlier systematic reviews have evaluated OT in mental health broadly but they often combine outcomes like employment, cognition, symptom change etc into the same analytic pot (Arbesman and Logsdon, 2011). More recent studies highlight instrumental ADLs such as meal prep, managing money, shopping (John et al., 2022), but they rarely focus specifically on traditional ADLs like bathing or dressing. This leaves clinicians without a clear, up-to-date understanding of which OT interventions are most effective at restoring basic functional independence.

Bridging this gap needs a more targeted review that reflects both evolving practice patterns and updated reporting standards. Contemporary OT now incorporates new and innovative elements like behavioural activation, executive function coaching, digital cueing devices and home-visit models such as the Management Tool for Daily Life Performance (MTDLP) (Mashimo et al., 2020). Simultaneously, the reporting standards have also improved.: The PRISMA 2020 update raises the bar for methodological transparency (Page et al., 2021).

This review addresses this gap by asking: How effective are occupational therapy interventions in improving activities of daily living (ADLs) in adults (18+) diagnosed with severe mental illness, as defined by NICE (2016).

It centers its focus to two core aspects: first, understanding the nature of the OT interventions being used (task-based ADL training, environmental modifications, home-based coaching, group self-care workshops, or any hybrid of these); and second, does the intervention actually make a measurable difference in a person's ability to do everyday things on their own? While this focus may appear narrow, it directly addresses what many service users identify as their top recovery goal: the basics. The ability to bathe without

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being prompted, select weather-appropriate clothes or prepare a simple meal independently. These may appear minor, yet they define dignity and self-worth for people.

Evidence suggesting which OT interventions best support these outcomes can help guide clinical decision making, inform OT education and influence policies that shape mental health services. Even if only a few of these interventions turn out to restore what could be automatic self-care, the ripple effect could be substantial. We could see reduced caregiver strain, smoother transitions from hospital settings and increased readiness for higher level tasks like working and socializing. On the flip side, identifying gaps in the evidence will show the priorities for future research and innovation.

By focusing exclusively on ADLs, this review addresses an important limitation in previous studies. When ADLs are combined with broader psychosocial measures, it becomes harder to determine what's truly effective. Arbesman and Logsdon (2011) and John et al. (2022) for instance, only looked at wider psychosocial outcomes that include ADLs but they didn't isolate these functional capabilities. This review, in contrast, isolates ADL performance as the primary outcome, offering clinicians something more specific, practical and easier to apply.

As Page et al. (2021) observe, research only becomes truly useful when the questions are specific and the reporting maintains transparency. This represents precisely the kind of bridge OT in mental health settings could benefit from. If a structured OT routine can help someone with schizophrenia confidently button a shirt on their own again, that single act might be the thread that stitches back together the fabric of their everyday life.

REVIEW OF LITERATURE

The most recent evaluations of OT interventions in SMI give us context for understanding current patterns of practice. Montenegro et al (2021) in their scoping review, examined OT interventions as the most frequently investigated approach, followed by psychoeducational, cognitive and exercise-based interventions. Their analysis revealed that group interventions delivered by multidisciplinary teams represent the predominant model of care, particularly for patients with schizophrenia. While this scoping review emphasized on the diversity of OT approaches in mental health settings, it also showed the need for targeted research exploring specific functional outcomes like ADLs.

Studies have explored how occupational therapy interventions delivered in everyday, real-world environments can support individuals with severe mental illness (SMI) in regaining functional independence. Home-based models in particular offer the advantage of incorporating therapy into routines that already exist, making the learning more meaningful and sustainable.

Mashimo et al. (2020) conducted a multicenter randomized controlled trial in Japan, examining the effectiveness of home-visit occupational therapy guided by the Management Tool for Daily Life Performance (MTDLP). The intervention involved ten carefully structured sessions over five months, focusing on specific ADL skills, environmental adjustments, and coaching for structure and independence. The study included individuals with schizophrenia and bipolar disorder, measuring outcomes using tools like the Life Skills Profile and Social Functioning Scale. The results showed clear improvements in daily

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functioning and community integration with researchers emphasising how replicating daily life settings can make therapy more relevant and effective.

Building on this foundation, Lindström et al. (2012) studied 22 adults with severe psychiatric conditions who received occupational therapy in their homes over a 10-week period. The intervention focused on meaningful daily tasks and personalized routines. Improvements were seen in ADLs like cooking, cleaning, and managing hygiene. Participants also demonstrated a greater sense of independence, and the burden on caregivers was reduced. The study reinforced the concept that therapy conducted out in familiar spaces has enhanced practical value and meaning for participants.

To expand on this, Lindström et al. (2013) used a qualitative method to capture participants' personal experiences with home-based occupational therapy. Through in-depth interviews, individuals described how building back the ability to manage everyday routines like meal preparation or personal grooming restored not only their confidence but also their sense of control over daily life. These insights added emotional depth to the findings and emphasized the psychological importance of ADLs.

While therapy at home brings comfort and relevance, group-based interventions provide structure and social motivation. For people with SMI, these elements can often act as the push needed to re-engage in routines.

Seoane-Bouzas et al. (2022) conducted a pilot randomized controlled trial in Spain to test whether aquatic-based activities in a group occupational therapy setting could support adults with SMI. Their 12-week intervention focused on body awareness, balance, and meaningful movement. Although it didn't directly measure ADLs, participants showed better personal and social functioning according to the Personal and Social Performance scale. The findings show that structured physical activity in group settings can indirectly support functional recovery.

Poul et al. (2024) explored how volleyball-based group therapy affected people with schizophrenia. Over eight weeks, participants joined regular sessions that blended physical, cognitive, and social skills. ADLs such as dressing, grooming, and meal prep were assessed using a custom scale. Those in the intervention group showed significant improvements in both cognitive functioning and self-care. The study emphasized on the value of integrating sport-based therapy to support coordination, planning, and execution of everyday tasks.

Sonia et al. (2024) studied the effects of social skills training on people with schizophrenia. Although the intervention centered around communication and interaction strategies, it led to improvements in tasks like hygiene and dressing. These changes were measured using a functional performance checklist. The results showed that improving social confidence can spill over into better self-care and daily engagement.

Another innovative group intervention is animal-assisted therapy (AAT). Chen et al. (2022) studied the effects of AAT on functional outcomes in older adults with schizophrenia. The 12-week program involved caring for animals under structured therapist supervision. Outcomes were measured using the WHODAS 2.0, which includes domains like self-care and mobility. Participants in the AAT group showed significantly better functional outcomes than those in the control group. Activities like feeding and grooming animals appeared to

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help bring back a sense of responsibility and structure, which carried over into daily routines.

Aside from group-based and environmental interventions, individual tailoring remains a powerful component of occupational therapy.

Shimada et al. (2018) led a large randomized trial involving 177 psychiatric inpatients with schizophrenia in Japan. One group received individualized OT that included cognitive behavioral strategies and goal-directed ADL practice. The other received group therapy. The researchers tracked improvements in self-care tasks through the Canadian Occupational Performance Measure (COPM). Participants receiving personalized OT showed greater satisfaction and performance. Although ADLs were not measured as a separate category, many of the individualized goals were ADL-related, such as preparing meals or getting dressed. This study supports the importance of building therapy around what the client actually wants and needs to work on.

Finally, Cook et al. (2009) investigated community-based occupational therapy for individuals with psychotic conditions. Their intervention emphasized real-life tasks such as shopping, meal prep, and self-care, all delivered in a community context. Improvements were measured using the Extended Activities of Daily Living Scale, and the intervention group outperformed controls. These findings suggest that structured, functional training, even in basic tasks, can help people manage more of their day independently.

Together, these studies offer a diverse but connected picture of how occupational therapy can improve everyday functioning in people living with severe mental illness. Whether delivered at home, in group settings, or through one-on-one sessions, the most effective interventions seem to have a few core features in common. They work best when they happen in real-life settings, focus on what actually matters to the individual, and build on simple, everyday routines. ADL recovery then isn't just a goal in therapy, it's often how people start to rebuild their sense of rhythm, who they are, and how they want to live.

Objectives

1. To identify occupational therapy interventions specifically targeting ADL improvement in adults with severe mental illness (SMI).
2. To evaluate their effectiveness using validated functional outcome measures.
3. To highlight intervention types that demonstrate consistent functional gains.
4. To provide evidence to inform clinical practice, training, and policy in mental health occupational therapy.

METHODOLOGY

This systematic review will be carried out in line with the PRISMA 2020 guidelines, which support clarity and transparency in the review process. The review will include peer-reviewed studies published between 2009 and 2025 that examine the effectiveness of occupational therapy interventions on activities of daily living (ADLs) in adults (18+) diagnosed with severe mental illness (SMI), as defined by the National Institute for Health and Care Excellence (NICE, 2016).

Studies will meet the inclusion criteria if they use quantitative designs such as randomized controlled trials, quasi-experimental studies, or cohort studies that offer pre- and post-

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intervention data. To ensure meaningful comparisons, only studies that assess ADL outcomes using validated tools will be included.

Articles will be excluded if they are not published in English, do not offer full-text access, or do not focus on populations falling within the NICE criteria for SMI.

As this review is based entirely on existing, publicly available literature, no ethical clearance is required.

DISCUSSION

The reviewed studies collectively support the growing consensus that occupational therapy (OT) can significantly improve everyday functioning in adults living with severe mental illness (SMI), specifically when the intervention is grounded in real-life. Rather than approaching ADLs as isolated tasks, many of these interventions include them within routines and environments that mirror actual daily living, making the therapy more than just skill training. It becomes a way to re-engage with life. For instance, Abaoğlu et al. (2020) demonstrated how individualized life-skills training that integrates both basic and instrumental ADLs (like bathing, grooming, shopping, and meal preparation) leads to clear functional improvements in people with schizophrenia. Using both the Katz Index and the Lawton–Brody IADL scales helped the study strike an important balance between clinical precision and real-world applicability.

Other trials have pointed to the importance of timing. Tanaka et al. (2014), working within acute psychiatric wards, found that introducing OT early in the hospitalisation process led to improved Functional Independence Measure (FIM) scores within just three months. Their findings serve as a reminder that the earlier therapy is introduced, the more likely it is to catch and rebuild those ADL routines before they deteriorate entirely.

Where and how therapy is delivered matters just as much as what it targets. Several interventions that took place in home or community settings showed a subtle but consistent pattern: when therapy aligns with the rhythms of the person's life, the results feel more durable. This was evident in the multicenter RCT by Mashimo et al. (2020), which introduced a structured home-visit model using the Management Tool for Daily Life Performance (MTDLP). Participants showed meaningful gains not just in isolated ADL domains but also in broader community participation, suggesting that therapy grounded in personal environments strengthens both competence and confidence.

But beyond the home, some studies explored different venues for OT delivery. Chen et al. (2022) used animal-assisted therapy to create responsibility and structured interaction, which participants then carried over into self-care. Likewise, interventions using group-based physical activities like the volleyball sessions studied by Poul et al. (2024) added an element of routine through social and physical engagement. While neither study framed ADLs as the explicit target, they still saw improvements in day-to-day self-maintenance tasks, reinforcing the concept that meaningful engagement, regardless of its form, can positively impact practical life skills.

That said, therapy isn't always about regaining function in the traditional sense. Lindström et al. (2013), using qualitative interviews, found that participants described small acts like brushing their teeth or cooking a meal as milestones in regaining self-direction and

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autonomy. For individuals who had felt discouraged by years of illness, these routines became a way to reassert independence. These everyday acts substantial emotional weight and restored a sense of control over their own lives.

Even in cases of treatment-resistant schizophrenia, where change is often slow and difficult, OT has shown clear value. Buchain et al. (2003) reported that structured occupational therapy, delivered alongside pharmacological treatment with clozapine, led to improved engagement in occupational roles compared to medication alone. This speaks to the complimentary, rather than substitutive, role of OT in psychiatric care. It builds on what medication enables, often completing the picture where medicines alone fall short.

The effectiveness and delivery of OT interventions for ADLs can also be significantly shaped by cultural values, routines and societal expectations. Cultural norms influence what constitutes “independence” or “functionality” in daily life. For instance, in many Indian households, tasks such as cooking or laundry are often gendered or performed communally, meaning that “independence” in these tasks might not hold the same therapeutic goal across individuals. Additionally, in multigenerational homes, reliance on family for ADLs might be normative rather than pathological, making western benchmarks of self-sufficiency less applicable. Occupational therapists in such settings will have to navigate these cultural dynamics sensitively, distinguishing between contextual support and functional impairment. Still, there are limitations to what we currently know. Many studies rely on small sample sizes, short intervention periods, and outcome measures that vary widely. Furthermore, the diversity in outcome measures ranging from the FIM and WHODAS to study-specific ADL checklists creates challenges when comparing findings across different studies and long-term follow-up data remains rare, even though regaining independence in ADLs is a gradual process that unfolds slowly and requires continued support over time.

CONCLUSION

Occupational therapy interventions that are implemented early, tailored to individual needs and delivered within real-life environments have shown significant potential in restoring independence in ADLs among adults with SMI. These interventions go beyond just structural rehabilitation, they bring back rhythm to daily life, support self-worth and offer a renewed sense of independence. Occupational therapy, when meaningfully integrated into treatment plans, can shift the path of recovery. Its role in mental health isn't supplementary or optional, it's essential.

Limitations

Many of the current studies are constrained by relatively small sample sizes and short-term designs. This limits the strength and generalisability of their conclusions. Inconsistencies in how ADL outcomes are measured across studies also create additional challenges when attempting to compare results meaningfully. It is also worth noting that most interventions are evaluated over brief periods, providing limited insight into whether progress is maintained over time, an important consideration since functional recovery typically goes down gradually.

Scope for Future Studies

Future research should prioritize longer-term follow-ups to examine whether the improvements in ADL performance persist beyond the intervention. Using consistent, validated tools to measure functioning would strengthen the quality of evidence. There is

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also a need to combine the quantitative, evidence with qualitative input from participants, allowing a better understanding of how people experience change. Exploring hybrid models and personalized approaches may also help inform more adaptable and culturally responsive care models in Occupational Therapy.

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Conflict of Interest

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