

Occupational therapy in early intervention in psychosis (EIP): a scoping review of practice in Ireland and the United Kingdom (UK)

Eva O'Callaghan and Elizabeth McKay

School of Health and Social Care, Edinburgh Napier University, Edinburgh, UK

Abstract

Purpose – This study aims to synthesise existing studies on occupational therapy within early intervention in psychosis (EIP) in Ireland and the UK, to increase understanding of current – and inform future – research and practice in Ireland, the UK and beyond. This review aims to act as a reference point for practitioners and researchers based in Ireland and/or the UK – but also as an overview of practice here for international readers.

Design/methodology/approach – A systematic approach was used in the conducting of this scoping review. The databases Cumulative Index to Nursing and Allied Health Literature, PsycINFO and PubMed were searched using Arskey and O'Malley (2005) and Levac *et al.*'s (2010) methodological framework for conducting scoping studies. The *Irish and British Journal(s) of Occupational Therapy* were searched applying the same search strategy. The reference lists of included studies were then hand-searched. Core characteristics of included studies were extracted and described using Hoffmann *et al.* (2014) template for intervention description and replication (TIDieR) checklist and guide. All included studies were critically appraised using Hong *et al.*'s (2018) mixed-methods appraisal tool.

Findings – The search yielded a total of 93 results across the databases, journals and reference lists of included studies. Following screening, six papers met the inclusion criteria and were included in the study: three vocational interventions, two psychosocial interventions and one exercise and lifestyle intervention.

Originality/value – This review provides insight into the distinct contributions of occupational therapy to EIP in Ireland and the UK and highlights a need for further research to provide more clear and comprehensive descriptions of how occupational therapy is delivered and applied globally in this clinical area.

Keywords Occupational therapy, Mental health, Early intervention, Psychosis, Psychotic, Schizophrenia

Paper type Research paper

Introduction

Mental illness is one of the largest causes of disability worldwide (World Health Organisation, 2022). Schizophrenia or other primary psychotic disorders, as grouped in the ICD-11 (World Health Organisation, 1992) or schizophrenia spectrum and other psychotic disorders, as grouped in the DSM-5 (American Psychiatric Association, 2013), are a cluster of disorders characterised by significant impairments in reality testing. Positive symptoms include delusions, hallucinations and disorganised speech and behaviour, and negative symptoms include flat or blunted affect, avolition and psychomotor disturbances. Psychotic symptoms are the defining feature of all disorders in this cluster (World Health Organisation, 1992; American Psychiatric Association, 2013). Psychotic symptoms may also occur due to substance use or another medical condition, or in the context of another mental disorder such as a mood disorder, cognitive disorder or personality disorder (World Health Organisation, 1992; American Psychiatric Association, 2013).

Early intervention is predicated on the assumption that intervening during the development of an illness can improve the prognosis and even prevent a full-blown disorder from developing (Byrne and Rosen, 2014). The results of the impact of the Australian early intervention for psychosis (EIP) service “EPPIC” were published in 1996 (McGorry *et al.*, 1996). Many early psychosis prevention and intervention models and services have been developed worldwide since then (World Health Organisation, 2022). EIP is said to encompass three key periods:

- 1 the prodromal period (the period prior to the onset of psychosis);
- 2 the duration of untreated psychosis (the period prior to therapeutic intervention); and
- 3 the provision of therapeutic intervention(s) following the first episode of psychosis (Edwards *et al.*, 2005).

The current issue and full text archive of this journal is available on Emerald Insight at: <https://www.emerald.com/insight/0791-8437.htm>



Irish Journal of Occupational Therapy
54/1 (2026) 23–34
Emerald Publishing Limited [ISSN 0791-8437]
[DOI 10.1108/IJOT-10-2025-0041]

© Eva O'Callaghan and Elizabeth McKay. Published in *Irish Journal of Occupational Therapy*. Published by Emerald Publishing Limited. This article is published under the Creative Commons Attribution (CC BY 4.0) licence. Anyone may reproduce, distribute, translate and create derivative works of this article (for both commercial and non-commercial purposes), subject to full attribution to the original publication and authors. The full terms of this licence may be seen at <http://creativecommons.org/licenses/by/4.0/>

Received 17 October 2025

Revised 27 December 2025

Accepted 30 January 2026

EIP has been shown to improve clinical and social outcomes (Birchwood and Macmillan, 1993; Byrne and Rosen, 2014; McGorry, 2015; Correll *et al.*, 2018).

Background and literature review

“Occupations” are all the things people need, want and are expected to do to meet their basic needs, and to find structure and purpose in their lives (World Federation of Occupational Therapists, 2012). The therapeutic use of occupation arose alongside psychiatry reform of the early 19th century, when asylums began to introduce moral treatment for the mentally ill, prioritising psychological over traditional physical treatment methods (Bryant *et al.*, 2022). Asylum Superintendent William Saunders Hallaran of Bulls Asylum, Cork and the Cork Lunatic Asylum authored *On the Cure of Insanity*, the first Irish textbook on psychiatry in 1810, in which he advocated for the use of occupation in treating “the convalescent maniac” (Hallaran, 1810, cited by Hunter and MacAlpine, 1963, p. 650). The period 1820–1840 saw publications in psychiatry across the UK echo Hallaran’s sentiments and develop his ideas (Burrows, 1828; Ellis, 1838; Brown, 1839, cited by Bryant *et al.*, 2022). Pioneers in healthcare developed the profession of occupational therapy in Ireland and the UK over the century that followed Paterson (2014).

Occupational therapists today are a core part of multidisciplinary teams within mental health services (McKay *et al.*, 2008) that undertake assessment, diagnosis and treatment across community and acute settings (World Federation of Occupational Therapists, 2019). Occupational therapists can play an important role in EIP settings, primarily across the three domains of assessment, intervention and advocacy (Lloyd *et al.*, 2008). In recent decades, a growing body of intervention studies on occupational therapy in EIP in Ireland and the UK has arisen. It was timely that this body of research was compiled for review.

Objectives

The primary objective of this study was to provide a synthesis of how occupational therapy is used in the treatment of early or first-episode psychosis (FEP) in Ireland and the UK. The population, concept and context (PCC) framework (Peters *et al.*, 2020), available at <https://jbi-global-wiki.refined.site/space/MANUAL/355862667>, was adopted for the purpose of constructing clear and meaningful objectives, as recommended by Pollock *et al.* (2023).

The chosen population for this study was persons experiencing early or FEP. The chosen concept was occupational therapy intervention(s), and the context was mental health services in Ireland and the UK. The overarching intention was to inform occupational therapy intervention development and aid knowledge translation in education and clinical practice in Ireland and the UK, and abroad.

Rationale

The rationale for the chosen population, concept and context for this study has been outlined below, in alignment with the PCC framework.

Population: Persons experiencing early or first-episode psychosis

It is estimated that approximately 5%–10% of people worldwide will have a psychotic experience in their lifetime (McGrath *et al.*, 2015). Research has indicated that significant deterioration can occur early in psychosis and that treatment delays can lead to disruptions in social and psychological development, slower and less complete recovery, a poorer prognosis and a higher risk of relapse (McGlashan and Johannessen, 1996; Birchwood and Macmillan, 1993). Early intervention for potentially serious disorders is a fundamental feature of health care for various physical illnesses. It has significantly contributed to reductions in morbidity and mortality in non-communicable diseases, especially cancer and cardiovascular disease (McGorry, 2015). Over the past 20 years, an international collaborative effort has aimed to establish the evidence and capacity for early intervention in psychotic disorders, “where for so long deep pessimism had reigned” (McGorry, 2015, p. 310). Individuals who develop a psychotic illness experience a reduced life expectancy compared to the general population (Hjorthøj *et al.*, 2017). However, the World Mental Health Report (WHO, 2022) highlighted that 71% of people worldwide with psychosis do not receive mental health care (Institute for Health Metrics and Evaluation, 2019 in WHO, 2022). Furthermore, the economic evidence for EIP indicates that it is cost-effective, and can even save money (Acetuno *et al.*, 2019; Christensen *et al.*, 2020).

Concept: Occupational therapy intervention(s)

Psychosis is a complex illness that can require multidisciplinary input (Edwards *et al.*, 2005). The onset of FEP typically presents when the individual is between the ages of 18 and 25. This time in a person’s life is often crucial for their occupational development (Harris *et al.*, 2005). The onset of psychosis has been linked to a significant decline in occupational functioning (Krupa *et al.*, 2010). Beyond occupational development and functioning, known challenges identified in broader EIP literature – including vocational engagement and recovery, psychosocial and physical health inequalities (McGlashan and Johannessen, 1996; Birchwood and Macmillan, 1993; McGorry, 2015; Hjorthøj *et al.*, 2017) – support the unique role of occupational therapy in this area.

The National Institute for Health and Care Excellence Guidelines (2014) states in Section 1.3.1.3, “early intervention in psychosis services should aim to offer a comprehensive range of pharmacological, psychological, social, occupational, and educational interventions for individuals with psychosis” (p. 17). Lalevic *et al.* (2019) study reviewed an EIP programme in Cork, Ireland, and reported that the majority of the cohort engaged with key workers and occupational therapy, but did not complete the full psychological or family programmes offered. Given that disengagement from treatment is a major concern of mental health services, FEP services included (Doyle *et al.*, 2014), this is an encouraging finding. Furthermore, developing and upholding an evidence base is essential for occupational therapists to ensure high quality care, professional credibility, innovation and effective advocacy for policy and funding, as emphasised by Bannigan *et al.* (2007).

Context: Mental health services in Ireland and the UK

Irish and UK health-care systems and professional practices share similarities and face common challenges (European Observatory on Health Systems and Policies and OECD, 2023). There is a consistent emphasis on the importance of early intervention for psychosis in mental health strategies across the UK and in Ireland. These policies generally aim to reduce the duration of untreated psychosis, improve access to early intervention services, integrate these services within broader mental health and community services and provide comprehensive, person-centred care to improve long-term recovery outcomes (Government of Ireland, 2006; Government of Ireland, 2020; NHS England, 2016; NHS England, 2019; Scottish Government, 2017; Welsh Government, 2012; Department of Health Northern Ireland, 2020). Additionally, there is a longstanding tradition, still evident today, of shared educational and career pathways for Irish and UK Occupational Therapists (CORU, 2021).

Methodology

Whereas a systematic review typically focuses on synthesising and appraising all available evidence, a scoping review typically works to map key concepts, terminology and research methodologies, findings and gaps across a particular body of literature (Arskey and O'Malley, 2005). The intention of a scoping review is therefore to provide a comprehensive overview of a narrowly defined topic (Arskey and O'Malley, 2005; Munn *et al.*, 2018). An iterative and systematic approach was used in conducting this scoping review, as recommended by Aveyard (2019). The protocol was primarily informed by Arskey and O'Malley (2005) and Levac *et al.*'s (2010) methodological framework for conducting scoping studies. This methodological framework includes five steps: Stage 1: identifying the research question; Stage 2: identifying relevant studies; Stage 3: study selection; Stage 4: charting the data; and Stage 5: collating, summarising and reporting the results (Arskey and O'Malley, 2005, p. 22). These five steps, as they pertain to this study, are outlined below.

Stage 1: Identifying the research question

The protocol development began with identifying keywords and organising an initial search strategy based on the PCC framework. To ensure a full representation of the available literature, the search terms were expanded beyond those in the PCC framework to include the following: psychosis OR psychotic AND early OR first-episode AND occupational therapy OR occupational therapist. A preliminary search took place in March 2024 and the research question was subsequently identified as follows, "What occupational therapy interventions have been described within early or first-episode psychosis services in Ireland and the UK, and how are these interventions characterised and evaluated?"

Stage 2: Identifying relevant studies

Following preliminary searching, the search was refined and reviewed several times, with the aim of increasing the number of relevant articles while maintaining the breadth of the scope. The final search strategy is outlined in Table 1.

To manage results not relevant to the field of occupational therapy, a filter was added whereby the terms "Occupational

Therapy OR Occupational Therapist" had to be referred to in the title or abstract. A second filter was added to limit the results to publications between 1999 and 2024, ensuring the review's relevance and applicability to contemporary clinical practice and research. A third filter restricted results to those published in the Irish or English language. All results were manually uploaded to Mendeley Reference Manager using each source's Digital Object Identifier or PubMed Identifier where possible, and their title, author(s) and year of publication.

Stage 3: Study selection

Identified studies were reviewed against the following criteria: This review includes studies that took place and were published in Ireland and/or the UK, address a population of persons experiencing early or FEP, describe an occupational therapy intervention(s) or an intervention(s) carried out by an occupational therapist, are in the context of a mental health service(s) and are accessible and available for full-text retrieval. This review excludes studies that took place and were published outside of Ireland and/or the UK, address a population outside of those experiencing early or FEP, describe an intervention(s) that is not an occupational therapy intervention(s) or an intervention carried out by an occupational therapist(s), are not in the context of a mental health service(s) and are not accessible or available for full-text retrieval.

The PRISMA extension for scoping reviews guidance was used to develop a full prospective study protocol and is registered and available at www.prisma-statement.org/prisma-2020-flow-diagram. The search strategy was run in May 2024, using EBSCOhost to search the databases Cumulative Index to Nursing and Allied Health Literature and PsycINFO followed by PubMed. The three databases cover a broad spectrum of relevant literature, including nursing and allied health, psychology and psychiatry and biomedical research. The *British Journal of Occupational Therapy* and *Irish Journal of Occupational Therapy* were subsequently hand-searched using the same search terms. The inclusion of *Journals of Occupational Therapy* can allow for additional specialised and relevant literature specific to the field. Finally, the reference lists of included studies were hand-searched, allowing for the identification of additional relevant studies that may not have been captured through electronic database or journal searches, thereby enhancing the comprehensiveness and rigour of the review by ensuring all potentially pertinent literature is considered. The completed PRISMA flow diagram can be seen in Figure 1.

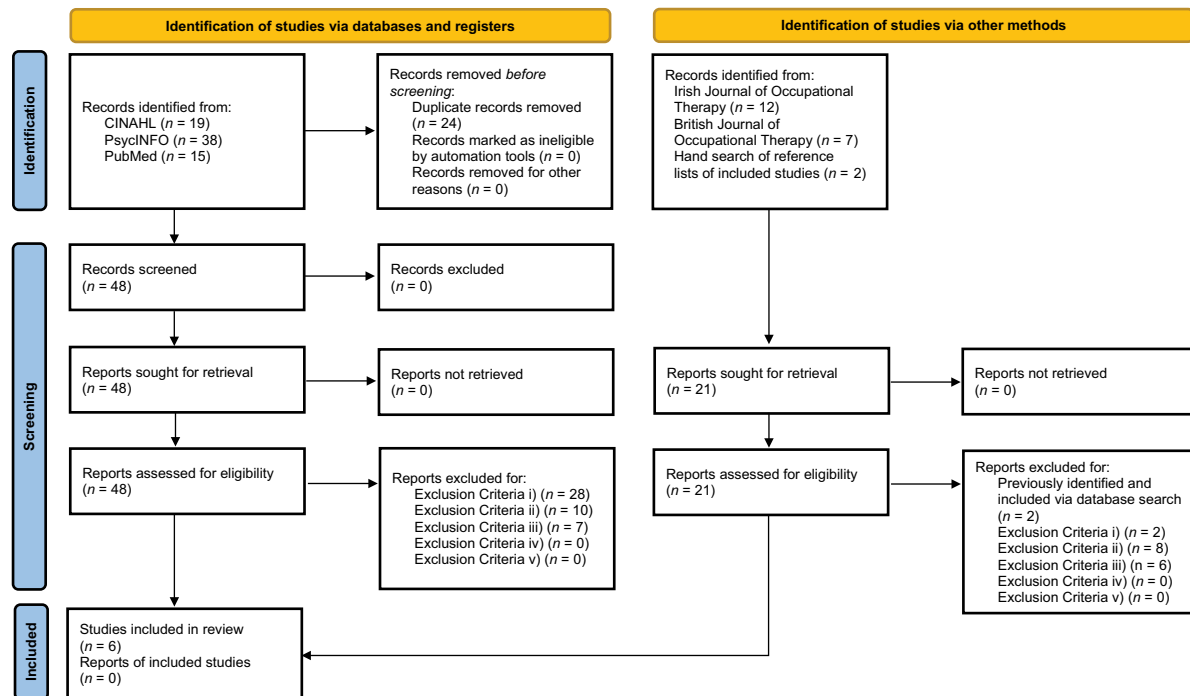
Stage 4: Charting the data

Table 2 summarises the extracted data in alignment with the template for intervention description and replication (TIDier) checklist and guide (Hoffmann *et al.*, 2014).

Table 1 Search strategy

Research component	Search terms
#1	Psychosis or psychotic
#2	Early or first-episode
#3	Occupational therapy or occupational therapist
#4	#1 AND #2 AND #3

Figure 1 PRISMA flow diagram



Stage 5: Collating, summarising and reporting the results (findings)

Hoffmann *et al.*'s (2014) TIDieR checklist and guide were also drawn upon for the purpose of describing the studies below in further detail.

Demographic overview of studies

Six studies were identified as having met the inclusion criteria, as summarised in Table 2. The years of their publication span 21 years, from 2001 to 2022. Four of the studies were completed in Ireland, and two were completed in England, UK. One study took place within first-episode psychosis services, three were conducted within an early intervention for psychosis service (EIPS) and two studies were conducted within an occupational therapy service. It is worth noting that Studies 4 and 5 took place within the same EIPS. The participants in all six studies were recruited from the mental health services. Independent ethical approval was clearly stated in five of the six studies.

Demographic overview of participants

The participants' ages across the studies varied between 16 and 40 years. However, half of the papers reported only mean ages and standard deviation. Across all studies, there were more male than female participants (a total of 211 males and 124 females). Study 1 did not report the sex or gender of its participants. However, even if all five participants from Study 1 had been female, there would still be more male participants in total. The ethnicity of participants was only reported in one of six studies. The most common diagnostic group was schizophrenia and other primary psychotic disorders (World Health Organisation, 1992) or schizophrenia spectrum and Other Psychotic Disorders (American Psychiatric Association,

2013). Other participants had diagnoses of delusion disorder, bipolar disorder with psychotic features, depression with psychotic features, psychosis due to substance misuse or a medical condition or psychosis "not otherwise specified" (World Health Organisation, 1992; American Psychiatric Association, 2013). Study 1 included participants who were experiencing, or who had experienced, a first episode of psychosis. Study 2 included participants experiencing FEP or suspected psychosis. Study 3 included participants who had experienced a first episode of psychosis. Studies 4, 5 and 6 included those with a diagnosis of FEP.

Overview of interventions

Fisher and Savin-Baden's (2001) study (Study 1) detailed an initiative which saw psychosocial and educational therapies, such as early intervention, family intervention, cognitive therapy and cognitive-behavioural therapy integrated within an occupational therapy programme. The programme was guided by the model of human occupation (Kielhofner, 1995) and used the occupational self-assessment (Baron *et al.*, 2006) to develop a therapy plan in collaboration with the service user. Service users had the opportunity to: identify their own "relapse signature" and create a relapse plan, determine their short-term and long-term occupational goals, learn and apply stress management techniques and coping strategies to manage or prevent the onset of acute psychosis, acquire and practice problem-solving and communication skills to maintain positive family relationships and use community resources to develop and sustain social networks.

Turner *et al.*'s (2008) study (Study 2) compared the baseline characteristics and premorbid adjustment of the people with FEP referred to psychosocial rehabilitation in the form of the REACH programme with those of the people not referred, and the

Table 2. Summary of extracted data

Author(s) (year of publication)	Title	Location	Setting	Participants	Intervention	Duration and frequency	Study design
Fisher and Savin-Baden (2001)	Benefits to young people experiencing psychosis, and their families, of an early intervention programme: evaluating a service from the consumers' and the providers' perspectives	Coventry, UK	Occupational therapy service at the Caludon Centre, based at university hospital Coventry and Warwickshire, providing inpatient and outpatient adult mental health care	5 individuals who were experiencing or who had recently experienced psychosis, their families and referrers were invited to participate in the study. All five individuals and one father agreed to be interviewed. Perspectives were also gathered from two consultant psychiatrists and one occupational therapist who had referred patients to "TIME". Additionally, input was collected from the staff involved in TIME's development and implementation, including the service manager, the head occupational therapist, two senior occupational therapists and a newly qualified occupational therapist	Occupational therapy initiative, named "TIME", developed in alignment with the National Service Framework for Mental Health of 1999, comprising of psychosocial and educational therapies	Not reported (NR)	Qualitative
Turner et al. (2008)	Evaluating psychosocial interventions in first-episode psychosis	Dublin, Ireland	Community mental health service's REACH programme, a group life skills psychosocial initiative ran by occupational therapy and nursing staff	103 (70 male and 33 female) individuals with first-episode psychosis or suspected psychosis participated in the study, 44 (33 male and 11 female) of whom were referred to "REACH"	Determining whether the baseline profile, especially premorbid adjustment, influenced referral to a group psychosocial programme, and if the functional and symptom outcome differed significantly after four years between those referred and not referred	Four-year follow-up period	Quantitative-descriptive

(continued)

Table 2

Author(s) (year of publication)	Title	Location	Setting	Participants	Intervention	Duration and frequency	Study design
Major et al. (2010)	Evidence of the effectiveness of a specialist vocational intervention following first-episode psychosis: a naturalistic perspective cohort study	London, UK	VIBE (vocational support within early intervention), comprising of an occupational therapist and support worker	114 first-episode psychosis service users (71 male and 43 female) were followed up during 12 months of engagement with an EIP service; 44 residents in an area where a vocational intervention was available and 70 in an area where it was not	Vocational support within early intervention (VIBE) is embedded within the early intervention team and works closely alongside care coordinators to engage service users	Provided "flexibly" within the confines of the three-year early intervention programme	Quantitative-descriptive
Turner et al. (2016)	A clinical trial of supported employment (IPS) and the workplace fundamentals module with people attending an Irish early intervention for psychosis service	Dublin, Ireland	Early intervention in psychosis (EIP) service within mental health services, funded by the Irish health service executive (HSE) and the hospitalier order of St John of God	A total of 129 individuals (68 male and 61 female) were offered the employment interventions. There was an overall uptake rate of 47%. Of the 61 people who used the interventions, 39 consented to be interviewed for research purposes. A total of 34 were re-interviewed approximately 12 months later	Two-pronged vocational rehabilitation, which included an option for those who had a productive role (paid employment or education) and those without one, carried out by a supported employment specialist (SES) and occupational therapist	Delivered over eight weeks and involved attending one 2-h evening group per week	Non-randomised control trial
Turner et al. (2009)	Improving vocational recovery among people with psychosis: a two-pronged approach	Dublin, Ireland	Same as above	39 individuals (20 male and 19 female) (as above) admitted to an EIPS were included	A prospective follow-up study (of the above) to establish the extent of productivity among participants	18-month follow-up period	Quantitative-descriptive
Kearns Murphy et al. (2022)	Operation recovery: a feasibility study of eight-week exercise and lifestyle programme within an Irish first episode psychosis service	Cavan and Monaghan, Ireland	First-episode psychosis (FEP) service within mental health services	10 participants (five male and five female) attending the FEP service completed the intervention and assessment process	Exercise and lifestyle programme, known as operation recovery, including individual and group exercise sessions, group educational sessions and one dietician consultation. The programme was coordinated by occupational therapists	Delivered over eight weeks	Quantitative non-randomised

outcomes of both groups. Individuals were assessed at baseline, including premorbid adjustment, and followed up after four years. A subgroup had been referred to psychosocial rehabilitation. Baseline assessments included the structured clinical interview for DSM, positive and negative syndrome scale, global assessment of functioning (GAF) and premorbid social adjustment (PSA) scale. The PSA scale evaluated psychosocial functioning during childhood (5–11 years) and adolescence (12–16 years), with higher scores indicating poorer functioning. Demographic details were also collected.

Major *et al.*'s (2010) study (Study 3) evaluated VIBE, a specialist occupational therapy-led vocational intervention service which consists of a comprehensive baseline assessment, individual support, liaison with workplaces and educational institutions, provision of groups (both vocation-orientated and less specific social groups) and specific skills training (for example, interview techniques). Close links are built with community education and employment services to provide an effective “bridging” between mental health and community services. The specific location, frequency and nature of contact with each service user is determined by need and therapeutic collaboration.

Turner *et al.*'s (2016, 2019) studies (Studies 4 and 5) detailed a two-pronged vocational rehabilitation, which included an option for those who had a productive role (paid employment or education) and those without one, carried out by a supported employment specialist (SES) and occupational therapist. Workplace fundamentals modules, individual placement and support (IPS) and a job retention programme, influenced by occupational therapy philosophy and theory, were provided.

In Kearns Murphy *et al.*'s (2022) study (Study 6), participants attending an FEP service were engaged in an eight-week occupational therapy-led programme that included individual and group exercise sessions, group educational sessions and one dietician consultation.

Overview of study designs

Reflexivity was essential to the trustworthiness of the research by Fisher and Savin-Baden (2001), involving continuous evaluation of personal and methodological responses. This helped the researchers recognise personal biases and cultural influences, ensuring appropriate methods. A field journal documented this process, illustrating the interpretation and development of the researcher's “research signature” (Clandinin and Connelly, 1994, cited by Fisher and Savin-Baden, 2001). Triangulation involved the use of multiple data sources to identify common themes and issues, considering all key stakeholders' perspectives and the researcher's journal. Data interpretation followed “interpretative interactionism”, a post-structural approach that starts and ends with the researcher's biography (Denzin, 1989, cited by Fisher and Savin-Baden, 2001). This method aimed to produce detailed accounts that highlighted transformative experiences, in turn, shaping personal and professional meanings, and influencing the development of services provided.

In Turner *et al.*'s (2008) study, after four years, follow-up assessments were conducted blind to initial diagnoses and scores. The Strauss–Carpenter scale was used for functioning ratings. Participants were categorised based on their referral to the REACH programme, a psychosocial life skills programme, and also by completion status. Statistical analyses were performed

using SPSS v.12. Significant associations and changes in symptoms and GAF scores were tested using student *t*-tests and Wilcoxon signed-rank tests, with a Bonferroni correction applied for multiple testing.

Major *et al.*'s (2010) study collected routine standardised data on all clients at baseline and at 12-month follow-up for service evaluation purposes. Clinical interviews were undertaken with clients and entered into the MiData (minimum data set) package, a Microsoft Access database, by clinicians.

In Turner *et al.* (2016), a pre-post study design comparing data were used to measure productivity and social inclusion at the start and during a follow-up period. Turner *et al.* (2019) was a comparative study that examined the 12-month work outcomes of individuals who received supported employment versus the same outcomes for a historical control group who had attended the early intervention service before supported employment was available.

In Kearns Murphy *et al.*'s (2022) study, physical health, mental health, physical activity, cognition and personal goals measures were completed before and after the intervention and analysed using descriptive statistics. Feasibility data was gathered through a non-standardised participant questionnaire and informal data on the completion of measures and engagement with the programme.

Overview of study findings

Three main themes emerged from Fisher and Savin-Baden's (2001) study: consumers' views, empowerment and access to information and autonomy versus duty of care. In summary, the study found discrepancies between health-care system norms and theorists' and policymakers' values. Programmes such as TIME, although valued by service users, were perceived by therapists as high risk.

Turner *et al.*'s (2008) findings indicated marked disparities in premorbid adjustment between individuals with psychosis referred to psychosocial rehabilitation and those who were not.

Major *et al.* (2010) found that access to a specialised vocational intervention significantly predicted vocational recovery over 12 months of follow-up, even after adjusting for confounding factors. Turner *et al.*'s (2016) study and 2019 follow-up study indicated similar.

Participants of Kearns Murphy *et al.*'s (2022) study reported high satisfaction and adherence to individual gym sessions, but lower adherence to group sessions. They increased physical activity and reduced sedentary behaviour. A total of 90% moved to action or maintenance stages of change, achieving 74% of personal goals. No significant changes in BMI, cognition or mental health were noted. Data on blood pressure, blood tests and steps was incomplete.

Critical appraisal

The mixed methods appraisal tool (MMAT) enables comprehensive and consistent assessment of the methodological quality across five categories of study design: qualitative, randomised control trials (RCTs), non-RCTs, qualitative descriptive and mixed method studies (Hong *et al.*, 2018). The process of using the MMAT begins with two screening questions (S1 and S2). S1 asks whether there are clear research questions, while S2 asks whether the collected data allow the research

questions to be addressed. [Hong et al. \(2018\)](#) suggest that further appraisal may not be feasible or appropriate when the answer is “No” or “Can't tell” to either or both screening questions. The answer was “Yes” to S1 and S2 across all six studies. Then, for each included study, the appropriate category of study was selected using the MMAT Tool's algorithm. The reviewed studies were rated against the criteria associated with their category or methodology, which can be seen in [Table 3](#). While the studies were ordered in the year of their publication, in [Table 3](#), they have been ordered according to their study design.

The collating, summarising and reporting of results, as well as the quality assessment using MMAT, highlighted some lack of coherence regarding data sources, collection, analysis and interpretation, some missing outcome data, and a high risk of nonresponse bias across the quantitative descriptive studies. Furthermore, the duration and frequency of the intervention were not reported in all studies.

Discussion

This scoping review sheds light on several key aspects of research on occupational therapy in EIP, focusing on studies conducted in Ireland and the UK. In this section, the demographic details, participant characteristics, intervention strategies and methodological designs of the reviewed studies are critically discussed.

The geographical concentration of studies in the Republic of Ireland and England points to a need for broader research across different regions to ensure that findings are generalisable to diverse populations. The lack of studies from Northern Ireland, Scotland or Wales suggests that services in these areas may be under researched or under-resourced. This paucity also implies that regional variations in service provision and outcomes are potentially being overlooked.

The age range of participants (16–40 years) is representative of the cohort that typically experiences FEP and reflects the early onset nature of psychotic disorders ([World Health Organisation, 1992](#); [American Psychiatric Association, 2013](#)). It also highlights the importance of consistency in care across Child and Adolescent Mental Health Services and Adult Mental Health Services ([Khan and Turk, 2022](#)).

The higher number of men across the studies is consistent with epidemiological data indicating a higher incidence of psychosis in men ([Ochoa et al., 2012](#)). However, it also suggests a need for more gender-inclusive research. Addressing gender-specific factors is crucial in treating women with psychosis, early and otherwise, as they encounter distinctive occupational challenges that influence their recovery process ([Khan, 2023](#)).

The limited reporting of ethnicity, with the exception of [Major et al.'s \(2010\)](#) study, is a notable gap, as understanding the cultural and ethnic context of participants can significantly influence the interpretation and applicability of findings ([Kirkbride et al., 2008](#)).

The participant exclusion criteria in some of the studies included: being in an acute stage of psychosis or having psychotic symptoms that appeared to be secondary to physical abnormality or disease affecting the brain, a personality disorder, post-traumatic stress disorder or psychotic symptoms that were drug-induced. The exclusion of these groups from these studies is justified by the researchers. However, it also suggests a need

for more diagnostically-inclusive research. For example, it is known that up to half of first episode psychosis patients have co-occurring substance use disorders ([Brunette et al., 2018](#)), which are associated with more acute symptoms.

The diverse intervention strategies across the studies underscore the multifaceted nature of early psychosis and the need for comprehensive approaches. Integrating psychosocial and educational therapies within an occupational therapy framework, as seen in [Fisher and Savin-Baden's \(2001\)](#) study, emphasises the importance of personalised care plans and patient involvement in therapy development. [Turner et al.'s \(2008\)](#) study highlights the role of premorbid psychosocial functioning in influencing referrals to psychosocial rehabilitation. This finding underscores the necessity of early identification and tailored interventions for individuals with poorer premorbid adjustment, who may benefit most from intensive support. Three of the six studies ([Major et al., 2010](#); [Turner et al., 2016, 2019](#)) are focused on vocational rehabilitation. This is reflective of the growing evidence-base that supports vocational-focused occupational therapy interventions for persons with serious mental illness, especially given the challenges individuals with psychosis face in maintaining employment ([Noyes et al., 2018](#); [Oka et al., 2004](#); [Turner et al., 2009](#)). [Kearns Murphy et al.'s \(2022\)](#) study on an exercise and lifestyle programme highlights the feasibility and acceptability of integrating physical health interventions into psychosis care. This is important as mental health services have been criticised for not devoting enough attention to the promotion of physical activities ([Carpiniello et al., 2013](#)), with both staff and service-users reporting a lack of structured and accessible activity ([Hutcheson et al., 2010](#)).

The methodological diversity among the studies, ranging from reflexive qualitative approaches to longitudinal quantitative analyses, contributes to a comprehensive understanding of occupational therapy interventions in early psychosis. The lack of RCTs is a significant methodological limitation, especially as it pertains to establishing causal relationships and reducing potential biases. The absence of some TIDieR details across the included studies, most notably around the duration and frequency of interventions described, is significant. There is a notable lack of explicit theoretical grounding, with few studies clearly articulating the occupational therapy models informing intervention design or delivery (e.g. MOHO and CMOP-E).

Strengths and limitations

One strength of this study is its systematic approach. Another strength lies in its practical implications for occupational therapy research, education and practice in Ireland and the UK.

This study has several limitations. Firstly, this review only had one primary researcher; a dual review process may have improved rigour. Three databases and two journals were searched. However, it is possible that more studies may have been identified if the search were wider had the researcher had more time flexibility. Furthermore, access to the *Irish Journal of Occupational Therapy* was limited to publications from 2017 onward, which may have influenced study identification and potentially reduced the comprehensiveness of the review, leading to the under-representation of relevant studies.

Table 3 MMAT tool

Study	Category of study design	Methodological quality criteria	Responses
1. Fisher and Savin-Baden (2001)	Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?	Yes
		1.2. Are the qualitative data collection methods adequate to address the research question(s)?	Yes
		1.3. Are the findings adequately derived from the data?	Yes
		1.4. Is the interpretation of results sufficiently substantiated by data?	Yes
		1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?	No
2. Kearns Murphy <i>et al.</i> (2022)	Quantitative Non-Randomised	3.1. Are the participants representative of the target population?	Yes
		3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?	Yes
		3.3. Are there complete outcome data?	No
		3.4. Are the confounders accounted for in the design and analysis?	Yes
		3.5. During the study period, is the intervention administered (or exposure occurred) as intended?	Yes
3. Turner <i>et al.</i> (2008)	Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question?	Yes
		4.2. Is the sample representative of the target population?	Unclear
		4.3. Are the measurements appropriate?	Yes
		4.4. Is the risk of non-response bias low?	No
		4.5. Is the statistical analysis appropriate to answer the research question?	Yes
4. Major <i>et al.</i> (2010)	Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question?	Yes
		4.2. Is the sample representative of the target population?	Yes
		4.3. Are the measurements appropriate?	Yes
		4.4. Is the risk of nonresponse bias low?	No
		4.5. Is the statistical analysis appropriate to answer the research question?	Yes
5. Turner <i>et al.</i> (2019)	Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question?	Yes
		4.2. Is the sample representative of the target population?	Unclear
		4.3. Are the measurements appropriate?	Yes
		4.4. Is the risk of non-response bias low?	No
		4.5. Is the statistical analysis appropriate to answer the research question?	Yes
6. Turner <i>et al.</i> (2016)	Non-randomised control trial	3.1. Are the participants representative of the target population?	Yes
		3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?	Yes
		3.3. Are there complete outcome data?	Yes
		3.4. Are the confounders accounted for in the design and analysis?	Yes
		3.5. During the study period, is the intervention administered (or exposure occurred) as intended?	Yes

The application of a search filter requiring the terms “Occupational Therapy OR Occupational Therapist” to appear in the title or abstract represents a methodological constraint, as relevant studies incorporating occupational therapy principles without explicitly naming the profession may have been excluded.

The first exclusion criteria of this study, though appropriate for its scope, limited studies to those published in Ireland and the UK, which omitted potentially valuable international perspectives and comparative insights.

The study’s third exclusion criteria, though appropriate for its objectives, excluded literature that did not describe an

occupational therapy intervention, or intervention conducted by an occupational therapist or therapists, which may have removed studies that provided additional context. This criterion may also have disproportionately omitted older literature in which occupational therapy contributions were embedded but not explicitly labelled.

Conclusion and recommendations

This review offers insights into the unique contributions of occupational therapy to EIP in Ireland and the UK.

The review highlights a need for more gender-, ethnicity- and diagnostically inclusive research in the area. Future occupational therapy research in EIP should prioritise inclusive recruitment by actively engaging diverse populations and minimising barriers to participation.

The review also highlights a need for more transparent reporting through detailed descriptions of interventions (most notably around their duration and frequency) and explicit theoretical grounding to support replication and generalisability.

Future studies should prioritise RCTs, or uncontrolled/non-RCTs where RCTs are not possible, as recommended by Turner *et al.* (2019), referring to research by Song and Chung (2010, cited by Turner *et al.*, 2019).

There is a potential for research to prioritise multicentre studies across the UK and Ireland to overcome small sample sizes, increase statistical power and enhance the generalisability of findings. Co-production with service users will also be essential, particularly in light of the findings of Study 1, as it ensures interventions are relevant, acceptable and informed by lived experience. Additionally, the development of standardised occupational therapy pathways within EIP services would support benchmarking, promote consistency of care and facilitate robust evaluation and comparative research.

Finally, it is timely that a global, systematic review be conducted in this area of occupational therapy research and practice.

Key findings

The literature pertaining to occupational therapy within EIP in Ireland and the UK focuses on vocational, psychosocial and exercise and lifestyle interventions. This review underscores the need for additional intervention studies, in Ireland and the UK, as well as a global systematic review, to provide clearer and more comprehensive descriptions of how occupational therapy is delivered and applied in this clinical area.

What the study has added

This review synthesised existing studies on occupational therapy within EIP in Ireland and the UK. As a result, it has added a greater understanding of the current contribution of occupational therapy to EIP in Ireland and the UK and demonstrated a clear path for further research in the area.

Acknowledgements

Gratitude is extended to Dr Niall Turner, who met with the primary researcher in the preliminary stages of the research (March 2024) and generously shared many helpful insights as an expert in the field.

References

Aceituno, D., Vera, N., Prina, A.M. and McCrone, P. (2019), "Cost-effectiveness of early intervention in psychosis: systematic review", *The British Journal of Psychiatry*, Vol. 215 No. 1, pp. 388-394.

- American Psychiatric Association (2013), *DSM – 5, Diagnostic and Statistical Manual of Mental Disorders*, (Fifth Edition). American Psychiatric Association Publishing, Arlington, VA.
- Arskey, H. and O'Malley, L. (2005), "Scoping studies: towards a methodological framework", *International Journal of Social Research Methodology*, Vol. 8 No. 1, pp. 19-32, doi: [10.1080/1364557032000119616](https://doi.org/10.1080/1364557032000119616).
- Aveyard, H. (2019), *Doing a Literature Review in Health and Social Care*, (Fourth Edition), Open International Publishing Ltd, London.
- Bannigan, K., Hughes, S. and Booth, M. (2007), "Research is now every occupational therapist's business", *British Journal of Occupational Therapy*, Vol. 70 No. 3, p. 95.
- Birchwood, M. and Macmillan, F. (1993), "Early intervention in schizophrenia", *Australian & New Zealand Journal of Psychiatry*, Vol. 27 No. 3, pp. 374-378.
- Baron, K., Kielhofner, G., Iyenger, A., Goldhammer, V. and Wolenski, J. (2006), "A user's manual for the occupational self assessment (OSA): (Version 2.2)", *Model of Human Occupation Clearinghouse, Department of Occupational Therapy, College of Applied Health Sciences, University of Illinois at Chicago*.
- Brunette, M.F., Mueser, K.T., Babbin, S., Meyer-Kalos, P., Rosenheck, R., Correll, C.U., Cather, C., Robinson, D.G., Schooler, N.R., Penn, D.L., Addington, J., Estroff, S.E., Gottlieb, J., Glynn, S.M., Marcy, P., Robinson, J. and Kane, J.M. (2018), "Demographic and clinical correlates of substance use disorders in first episode psychosis", *Schizophrenia Research*, Vol. 194, pp. 4-12, doi: [10.1016/j.schres.2017.06.039](https://doi.org/10.1016/j.schres.2017.06.039). [28697856](https://doi.org/10.1016/j.schres.2017.06.039)
- Bryant, W., Fieldhouse, J., Bannigan, K. and Creek, J. (2022), *Creek's Occupational Therapy and Mental Health*, 6, Elsevier Health Sciences, London.
- Byrne, P. and Rosen, A. (2014), *Early Intervention in Psychiatry: EI of Nearly Everything for Better Mental Health*, John Wiley & Sons, Chichester.
- Carpiniello, B., Primavera, D., Pilu, A., Vaccargiu, N. and Pinna, F. (2013), "Physical activity and mental disorders: a case-control study on attitudes, preferences and perceived barriers in Italy", *Journal of Mental Health*, Vol. 22 No. 6, pp. 492-500.
- Christensen, M.K., Lim, C.C.W., Saha, S., Plana-Ripoll, O., Cannon, D., Presley, F., Weye, N., Momen, N.C., Whiteford, H.A., Iburg, K.M. and McGrath, J.J. (2020), "The cost of mental disorders: A systematic review", *Epidemiology and Psychiatric Sciences*, Vol. 29, p. e161, doi: [10.1017/S204579602000075X](https://doi.org/10.1017/S204579602000075X). [32807256](https://doi.org/10.1017/S204579602000075X).
- Correll, C.U., Galling, B., Pawar, A., Krivko, A., Bonetto, C., Ruggeri, M., Craig, T.J., Nordentoft, M., Srihari, V.H., Guloksuz, S., Hui, C.L.M., Chen, E.Y.H., Valencia, M., Juarez, F., Robinson, D.G., Schooler, N.R., Brunette, M.F., Mueser, K.T., Rosenheck, R.A., Marcy, P., Addington, J., Estroff, S.E., Robinson, J., Penn, D., Severe, J.B. and Kane, J.M. (2018), "Comparison of early intervention services vs treatment as usual for early-phase psychosis: A systematic review, meta-analysis, and meta-regression", *JAMA Psychiatry*, Vol. 75 No. 6, pp. 555-565, doi: [10.1001/jamapsychiatry.2018.0623](https://doi.org/10.1001/jamapsychiatry.2018.0623). [29800949](https://doi.org/10.1001/jamapsychiatry.2018.0623).
- CORU (2021), "Application guidance notes: recognition of international qualifications", Health and Social Care

- Professionals Council, available at: www.coru.ie/files-recognition/recognition-of-international-qualifications-guidance-notes-april-2021.pdf
- Clandinin, D.J. and Connelly, F.M. (1994), "Personal experience methods", In Denzin, N.K. and Lincoln, Y.S. (eds), *Handbook of Qualitative Research*, 2nd ed., Sage, pp. 413-427.
- Department of Health Northern Ireland (2020), "Mental health action plan 2020", available at: www.health-ni.gov.uk/publications/mental-health-actionplan
- Doyle, R., Turner, N., Fanning, F., Brennan, D., Renwick, L., Lawlor, E. and Clarke, M. (2014), "First-episode psychosis and disengagement from treatment: a systematic review", *Psychiatric Services*, Vol. 65 No. 5, pp. 603-611.
- Edwards, J., Harris, M.G. and McGorry, P.D. (2005), "Early intervention in psychosis: obligation and opportunity", *The British Journal of Psychiatry*, Vol. 187 No. 48, pp. 116-120, doi: [10.1192/bjp.187.48.s116](https://doi.org/10.1192/bjp.187.48.s116).
- European Observatory on Health Systems and Policies & OECD (2023), "State of health in the EU: country health profiles 2023. Retrieved from European observatory on health systems and policies website".
- Fisher, A. and Savin-Baden, M. (2001), "The benefits to young people experiencing psychosis, and their families, of an early intervention programme: evaluating a service from the consumers' and the providers' perspectives", *British Journal of Occupational Therapy*, Vol. 64 No. 2, pp. 58-65, doi: [10.1177/030802260106400202](https://doi.org/10.1177/030802260106400202).
- Government of Ireland (2006), "A vision for change: report of the expert group on mental health policy", Stationery Office, available at: www.gov.ie/en/publication/9d9bf8-a-vision-for-change/
- Government of Ireland (2020), "Sharing the vision: a mental health policy for everyone", Stationery Office, available at: www.gov.ie/en/publication/2e46f-sharing-the-vision-a-mental-healthpolicy-for-everyone/
- Hallaran, W.S. (1810), "An enquiry into the causes producing the extraordinary addition to the number of insane together with extended observations on the cure of insanity with hints as to the better management of public asylums for insane persons", *Edwards and Savage*.
- Harris, M.G., Henry, L.P., Harrigan, S.M., Purcell, R., Schwartz, O.S., Farrelly, S.E., Prosser, A.L., Jackson, H.J. and McGorry, P.D. (2005), "The relationship between duration of untreated psychosis and outcome: an eight-year prospective study", *Schizophrenia Research*, Vol. 79 No. 1, pp. 85-93.
- Hjorthøj, C., Stürup, A.E., McGrath, J.J. and Nordentoft, M. (2017), "Years of potential life lost and life expectancy in schizophrenia: a systematic review and metaanalysis", *The Lancet Psychiatry*, Vol. 4 No. 4, pp. 295-301.
- Hong, Q.N., Pluye, P., Fabregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., Gagnon, P., Griffiths, F., Nicolau, B., O' Cathain, A., Rosseau, M.C. and Vedel, I. (2018), "The Mixed Methods Appraisal Tool (MMAT) version 2018 for information professionals and researchers", *Education for Information*, Vol. 34 No. 4, pp. 285-291.
- Hoffmann, T.C., Glasziou, P.P., Boutron, I., Milne, R., Perera, R., Moher, D., Altman, D.G., Barbour, V., Macdonald, H., Johnston, M., Lamb, S.E., Dixon-Woods, M., McCulloch, P., Wyatt, J.C., Chan, A.W. and Michie, S. (2014), "Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide", *BMJ*, Vol. 348, p. g1687, doi: [10.1136/bmj.g1687](https://doi.org/10.1136/bmj.g1687).
- Hunter, R. and MacAlpine, I. (1963), "Three hundred years of psychiatry, 1535 – 1860", Oxford University Press.
- Hutcheson, C., Ferguson, H., Nish, G. and Gill, L. (2010), "Promoting mental wellbeing through activity in a mental health hospital", *British Journal of Occupational Therapy*, Vol. 73 No. 3, pp. 121-128.
- Kearns Murphy, C., Kemp, L., McDonough, C. and McDonough, S. (2022), "Operation recovery: a feasibility study of an 8-week exercise and lifestyle programme within an Irish first episode psychosis service", *Irish Journal of Occupational Therapy*, Vol. 50 No. 2, pp. 73-81.
- Khan, S. (2023), "Gender-Based considerations for women experiencing psychosis: implications for occupational therapy", *Occupational Therapy in Mental Health*, Vol. 41 No. 1, pp. 1-8, doi: [10.1080/0164212X.2023.2280550](https://doi.org/10.1080/0164212X.2023.2280550).
- Khan, U. and Turk, J. (2022), "A survey of transitions of young people from child & adolescent mental health services (CAMHS) to adult mental health services (AMHS)", *BjPsych Open*, Vol. 8 No. S1.
- Kielhofner, G. (1995), "A model of human occupation: theory and application (2nd ed.)", Williams & Wilkins.
- Kirkbride, J.B., Barker, D., Cowden, F., Stamps, R., Yang, M., Jones, P.B. and Coid, J.W. (2008), "Psychoses, ethnicity and socio-economic status", *British Journal of Psychiatry*, Vol. 193 No. 1, pp. 18-24.
- Krupa, T., Woodside, H. and Pocock, K. (2010), "Activity and social participation in the period following a first episode of psychosis and implications for occupational therapy", *British Journal of Occupational Therapy*, Vol. 73 No. 1, pp. 13-20, doi: [10.4276/030802210X12629548272628](https://doi.org/10.4276/030802210X12629548272628).
- Lalevic, G., Scriven, M. and O'Brien, S. (2019), "Early intervention in psychosis in the North Lee Mental Health Services programme: a 5-year review", *Irish Journal of Psychological Medicine*, Vol. 36 No. 4, pp. 271-277, doi: [10.1017/ipm.2019.17](https://doi.org/10.1017/ipm.2019.17).
- Levac, D., Colquhoun, H. and O'Brien, K.K. (2010), "Scoping studies: advancing the methodology", *Implementation Science*, Vol. 5 No. 1, pp. 1-9.
- Lloyd, C., Waghorn, G., Williams, P.L., Harris, M.G. and Capra, C. (2008), "Early psychosis: treatment issues and the role of occupational therapy", *British Journal of Occupational Therapy*, Vol. 71 No. 7, pp. 297-304.
- McGlashan, T.H. and Johannessen, J.O. (1996), "Early detection and intervention with schizophrenia: rationale", *Schizophrenia Bulletin*, Vol. 22 No. 2, pp. 201-222, doi: [10.1093/schbul/22.2.201](https://doi.org/10.1093/schbul/22.2.201).
- McGorry, P.D. (2015), "Early intervention in psychosis: obvious, effective, overdue", *Journal of Nervous & Mental Disease*, Vol. 203 No. 5, pp. 310-318.
- McGorry, P.D., Edwards, J., Mihalopoulos, C., Harrigan, S.M. and Jackson, H.J. (1996), "EPPIC: an evolving system of early detection and optimal management", *Schizophrenia Bulletin*, Vol. 22 No. 2, pp. 305-326, doi: [10.1093/schbul/22.2.305](https://doi.org/10.1093/schbul/22.2.305).

- McGrath, J.J., Saha, S., Al-Hamzawi, A., Alonso, J., Bromet, E.J., Bruffaerts, R., Caldas-de-Almeida, J.M., Chiu, W.T., de Jonge, P., Fayyad, J. and Florescu, S. (2015), "Psychotic experiences in the general population: a Cross-National analysis based on 31,261 respondents from 18 countries", *JAMA Psychiatry*, Vol. 72 No. 7, pp. 697-705, doi: [10.1001/jamapsychiatry.2015.0575](https://doi.org/10.1001/jamapsychiatry.2015.0575).
- McKay, E., Craik, C., Lim, K.H. and Richards, G. (2008), *Advancing Occupational Therapy in Mental Health Practice*, John Wiley & Sons, Hoboken.
- Major, B.S., Hinton, M.F., Flint, A., Chalmers-Brown, A., McLoughlin, K. and Johnson, S. (2010), "Evidence of the effectiveness of a specialist vocational intervention following first episode psychosis: a naturalistic prospective cohort study", *Social Psychiatry and Psychiatric Epidemiology*, Vol. 45 No. 1, pp. 1-8, doi: [10.1007/s00127-009-0034-4](https://doi.org/10.1007/s00127-009-0034-4).
- Munn, Z., Micah, D.J., Stern, C., Tufanaru, C., McArthur, A. and Aromataris, E. (2018), "Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach", *BMC Medical Research Methodology*, Vol. 18 No. 1, pp. 1-7, doi: [10.1186/s12874-018-0611](https://doi.org/10.1186/s12874-018-0611).
- National Health Service (NHS) England (2016), "The five year forward view for mental health", available at: www.england.nhs.uk/mentalealth/taskforce/
- NHS England (2019), "The NHS long term plan", available at: www.longtermplan.nhs.uk/
- Noyes, S., Sokolow, H. and Arbesman, M. (2018), "Evidence for occupational therapy intervention with employment and education for adults with serious mental illness: a systematic review", *The American Journal of Occupational Therapy*, Vol. 72 No. 5, pp. 7205190010p1-7205190010p10.
- Ochoa, S., Usall, J., Cobo, J., Labad, X. and Kulkarni, J. (2012), "Gender differences in schizophrenia and first-episode psychosis: a comprehensive literature review", *Schizophrenia Research and Treatment*, Vol. 2012.
- Oka, M., Otsuka, K., Yokoyama, N., Mintz, J., Hoshino, K., Niwa, S.I. and Liberman, R.P. (2004), "An evaluation of a hybrid occupational therapy and supported employment program in Japan for persons with schizophrenia", *The American Journal of Occupational Therapy*, Vol. 58 No. 4, pp. 466-475.
- Paterson, C. (2014), "A short history of occupational therapy in mental health", In Bryant, W., Fieldhouse, J., Bannigan, K. and Creek, J. (2022), *Creek's Occupational Therapy and Mental Health*, (Sixth Edition). Elsevier Health Sciences, London, UK, pp. 2-13.
- Peters, M.D.J., Godfrey, C., McInerney, P., Munn, Z., Tricco, A.C. and Khalil, H. (2020), "Chapter 11: Scoping reviews", In Aromataris, E., Munn, Z. (2020), *JBI Manual for Evidence Synthesis*, available at: <https://synthesismanual.jbi.global>
- Pollock, D., Peters, M.D., Khalil, H., McInerney, P., Alexander, L., Tricco, A.C., Evans, C., de Moraes, É.B., Godfrey, C.M., Pieper, D. and Saran, A. (2023), "Recommendations for the extraction, analysis, and presentation of results in scoping reviews", *JBI Evidence Synthesis*, Vol. 21 No. 3, pp. 520-532.
- Scottish Government (2017), "Mental health strategy: 2017-2027", available at: www.gov.scot/publications/mental-health-strategy-2017-2027/
- Turner, N., O'Callaghan, E. and Clarke, M. (2016), "Employment (IPS) and the workplace fundamentals module with people attending an Irish early intervention for psychosis service. Dublin, Ireland. Mental health commission".
- Turner, N., Nesbitt, T., Fanning, F. and Clarke, M. (2019), "Improving vocational recovery among people with psychosis: a two-pronged approach", *Irish Journal of Occupational Therapy*, Vol. 47 No. 2, pp. 114-123.
- Turner, N., Whitty, P., Lydon, C., Clarke, M., Browne, S., Larkin, C., Waddington, J. and O'Callaghan, E. (2008), "Evaluating psychosocial interventions in first-episode psychosis", *British Journal of Occupational Therapy*, Vol. 71 No. 4, pp. 155-160, doi: [10.1177/030802260807100407](https://doi.org/10.1177/030802260807100407).
- Turner, N., Browne, S., Clarke, M., Gervin, M., Larkin, C., Waddington, J.L. and O'Callaghan, E. (2009), "Employment status amongst those with psychosis at first presentation", *Social Psychiatry and Psychiatric Epidemiology*, Vol. 44 No. 10, pp. 863-869.
- Welsh Government (2012), "Together for mental health: a strategy for mental health and wellbeing in Wales", available at: <https://gov.wales/together-mental-healthstrategy>
- World Federation of Occupational Therapists (2012), "World federation of occupational therapists' definition of occupational therapy", available at: <https://wfot.org/resources/definitions-of-occupational-therapy-from-memberorganisations>
- World Federation of Occupational Therapists (2019), "World federation of occupational therapists' position statement on occupational therapy and mental health", available at: <https://wfot.org/resources/occupational-therapy-and-mentalhealth>
- World Health Organisation (1992), The ICD-11 classification of mental and behavioural disorders. Clinical descriptions and diagnostic guidelines.
- World Health Organisation (2022), World mental health report: transforming mental health for all.

Further reading

- Hong, Q.N., Pluye, P., Fabregues, S., Bartlett, G., Boardman, F., Cargo, M., Hunter, R. and MacAlpine, I. (1963), *Three Hundred Years of Psychiatry, 1535 – 1860*, Oxford University Press, Oxford.

Corresponding author

Eva O'Callaghan can be contacted at: evaocallaghan5@gmail.com

For instructions on how to order reprints of this article, please visit our website:

www.emeraldgroupublishing.com/licensing/reprints.htm

Or contact us for further details: permissions@emeraldinsight.com