Ann Ibd. Pg. Med 2026. Vol.24, No.2 15 -22

EFFECT OF A GROUP OCCUPATIONAL THERAPY INTERVENTION ON DEPRESSIVE SYMPTOMS, LEVEL OF OCCUPATIONAL PARTICIPATION AND FUNCTIONING AMONG IN-SCHOOL ADOLESCENTS IN ABEOKUTA, NIGERIA

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Submission Date: 26th Mar., 2026
Date of Acceptance: 20th June, 2026
Publication Date: 31st Aug., 2026

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ABSTRACT

Background: **Impairment in occupational participation and functioning can negatively affect adolescents' activities of daily living, academic performance, self-care, sleep, leisure, and mood.**

Aim: This study examined the effects of a structured occupational therapy intervention on mood, occupational functioning, and social participation among in-school adolescents with depressive symptoms.

Materials and methods: **A two-stage design was employed, comprising a cross-sectional survey followed by a one-group pre–post intervention study. In the first stage, 345 students from four schools completed the Beck Depression Inventory (BDI). Ten students with scores of 18 and above were recruited into the intervention phase and completed the Canadian Occupational Performance Measure (COPM), Short Mood and Feelings Questionnaire (SMFQ), and Wellness and Life Satisfaction Questionnaire. A five-week manualised occupational therapy programme was delivered, and complete pre–post data from ten participants were analysed.**

Results: **The mean age of participants was 14.9 ± 1.2 years, and 26.1% scored within the significant depressive symptom range. Females reported higher depressive symptoms than males (p = 0.02) and the mean BDI score for the screened sample was 11.61 (SD = 10.23). Post-intervention analysis showed significant reductions in depressive symptoms and improvements in occupational functioning and social participation, with large effect sizes.**

Conclusions: **These findings suggest that school-based occupational therapy interventions are feasible and may improve functional and emotional outcomes among adolescents with depressive symptoms.**

Keywords: Adolescents, Depression, Occupational therapy, Intervention, Functioning

BACKGROUND

The burden of adolescent depression remains high worldwide, with an estimated point prevalence of 34% globally.[1] Depression during childhood and adolescence is associated with substantial morbidity and carries significant implications for current functioning as well as long-term mental health outcomes. Children and adolescents with depression are at particularly increased risk of suicide, a concern linked to the profound impact of depressive symptoms on emotional and physical well-being, social relationships, academic engagement, and overall functioning.[2-4]

Depressive disorders in young people are commonly characterised by impairments in occupational participation and daily functioning. These include difficulties in engaging meaningfully in school activities, self-care routines, peer relationships, leisure, and family roles. Such impairments are not merely consequences of depressive symptoms but have also been identified as potential contributors to the onset and persistence of additional mental health difficulties.[2] Reduced participation in age-appropriate activities can reinforce feelings of inadequacy, social withdrawal, and hopelessness, thereby perpetuating the cycle of depression and functional decline.[5]

Current evidence-based approaches to the treatment of depression in children and adolescents largely emphasise psychological and pharmacological interventions.[6,7] Psychotherapies such as cognitive

behavioural therapy (CBT) and interpersonal therapy, alongside antidepressant medications where indicated, form the cornerstone of most treatment guidelines. While these approaches have demonstrated efficacy in symptom reduction[8,9], they often focus primarily on cognitive and emotional processes, with comparatively limited emphasis on restoring functional engagement in daily life. As a result, impairments in participation and occupational functioning may persist even when mood symptoms improve.[2,10]

Occupational therapy interventions have been shown to offer meaningful benefits in the management of depression[11,12]. Occupational therapy adopts a holistic, client-centred approach that emphasises engagement in meaningful activities as both a means and an outcome of intervention. Through structured activity participation, skill development, and environmental modification, occupational therapy provides opportunities to enhance functioning, build competence, and support recovery in real-world contexts such as home and school.

Despite this, research on depression treatment has largely focused on medication and core psychotherapeutic modalities, with relatively little attention given to occupational therapy as a distinct and complementary intervention. There remains a need for further research examining the relationship between activity participation, occupational functioning, and mental illness, particularly among children and adolescents. Rather than targeting cognitive processing errors alone, interventions that directly address functional impairment and participation restrictions are needed to support broader recovery and well-being. Occupational therapy is particularly well suited to school-based mental health interventions, where daily routines, academic demands, and social interactions are central to adolescents' lives. School-based group occupational therapy interventions can provide cost-effective, scalable strategies that utilise existing resources to promote mental health and functional engagement. This is especially relevant in low- and middle-income countries, where access to specialist mental health services is limited and there is a significant treatment gap. However, there remains a notable paucity of evidence from these settings on the adolescent mental health.

Existing literature suggests that occupational therapy interventions are effective in both promoting wellbeing and preventing mental health problems when addressing occupational functioning and social participation.[13,14] Nevertheless, to the best of our knowledge, no study in our setting has objectively examined the effects of occupational therapy interventions on depressive symptoms alongside measures of participation and functioning among in-school adolescents.

The present study therefore sought to address this gap by investigating the impact of a school-based group occupational therapy intervention on depressive symptoms and levels of occupational participation and functioning among adolescents. Specifically, the aim of the study was to determine whether participation in a structured occupational therapy programme could lead to improvements in mood, functional engagement, and participation in daily activities within the school context.

METHODOLOGY

Study design and setting

This study employed a mixed design comprising a cross-sectional survey followed by a one-group pre–post intervention study. The study was conducted in Abeokuta, Ogun State, Nigeria, among adolescents recruited from two public and two private senior secondary schools selected through stratified random sampling.

During the cross-sectional phase, 345 students across the four schools were screened for depressive symptoms using the Beck Depression Inventory (BDI) and the Short Mood and Feelings Questionnaire (SMFQ). Following the screening phase, one school was randomly selected for implementation of the intervention. Adolescents in the selected school who demonstrated elevated depressive symptoms and met eligibility criteria, were enrolled in a structured occupational therapy group intervention. Outcome measures assessing depressive symptoms, occupational participation, wellbeing, and life satisfaction were administered at baseline and immediately following completion of the intervention.

Participants

Participants were in-school adolescents, aged 12 years – 19 years, enrolled in Senior Secondary School classes 1 and 2 (equivalent to the first and second years of upper secondary education) who provided written assent and whose parents or guardians provided written informed consent. Students were excluded if they reported suicidal thoughts or behaviour, indicated by a score of 2 or 3 on item 9 of the BDI, or if they were receiving treatment for anxiety or depressive symptoms at the time of recruitment. Students identified during screening as requiring additional psychological support were offered counselling and referred to the University College Hospital for further management.

Data procedure

Following approval from the ethical review committee and permission from the school authorities, 345 students were randomly selected from 4 schools (100, 91, 100 and 54 students respectively) for the cross-sectional survey part of the study, balloting was used to randomly select participants who met the inclusion criterion from the four schools. This was done by compiling the names of all students in SS1- SS2 from the class registers of each school and assigning a number to each one. The numbers were written on a piece of paper, put into a box, selected blindly until the desired sample size was obtained from each school. Parental consent was obtained from the selected students who then completed the sociodemographic questionnaire and the Beck Depression Inventory (BDI). The top ten scorers on the BDI from the first school were further selected for the intervention part of the study. The initial plan was to pick the top10 scorers from the four schools, but this was not achievable because of the COVID-19 outbreak.

Baseline assessments were completed prior to commencement of the five-week occupational therapy group programme, and post-intervention assessments were conducted immediately after the final session using the same outcome measures.

Intervention

The intervention consisted of a manualised occupational therapy group programme previously implemented in clinical and school-based settings[15], combined with an intervention guide for youth with depressive disorders developed for occupational therapists.[16]

The intervention was delivered over five weekly sessions, each lasting between 45 minutes and one hour. Sessions were conducted every Thursday in the school library and were facilitated by the researcher. Each session commenced with a brief review of the previous session and concluded with a recap to reinforce learning and ensure understanding.

The sessions were structured as follows:

Session 1: Introduction and Psychoeducation. Rapport was established, group rules were agreed upon, and participants received psychoeducation on the definition, symptoms, aetiology, and management of depression.

Session 2: Emotion, Occupational Functioning, and Social Participation. Interactive discussions explored the relationship between emotional experiences, daily functioning, and social participation.

Session 3: Occupational Engagement Activities. Activities addressing the relationship between emotion and occupational functioning were conducted, including the occupational charade game.

Session 4: Social Participation and Problem-Solving Skills. Activities focused on managing everyday challenges and problem-solving, adapted from the "How to solve a problem" module).

Session 5: Review and Closure. Key learning points were reviewed, feedback was obtained, and participants reflected on skills gained during the intervention.

Outcome measures

The primary outcome measure was change in participants' self-rated depressive symptoms following the intervention. Secondary outcomes included self-rated participation in daily occupations, wellbeing and life satisfaction, and knowledge of occupational functioning and wellbeing.

Study instruments

A socio-demographic questionnaire was administered to obtain participants' background characteristics, including age, gender, and class level. Study instruments were selected to assess depressive symptoms, occupational participation, wellbeing, knowledge acquisition, and intervention acceptability, consistent with the occupational therapy focus on participation and functional outcomes.

Beck depression inventory (BDI).

Depressive symptom severity was assessed using the Beck Depression Inventory (BDI), a 21-item self-report measure evaluating cognitive, affective, and somatic symptoms experienced over the preceding two weeks[17]. The BDI was used as the primary measure of depressive symptom severity due to its sensitivity to change and its suitability for evaluating intervention effects in adolescent populations. Assessment of depressive symptoms was included to examine whether changes in emotional functioning were accompanied by improvements in occupational participation.

Short mood and feelings questionnaire (SMFQ).

The Short Mood and Feelings Questionnaire (SMFQ) was used as a complementary screening measure for depressive symptoms in children and adolescents aged 7–18 years[18]. The SMFQ provided a developmentally appropriate assessment of mood-related symptoms within a school context and enabled cross-validation of depressive symptom reporting. The combined use of the BDI and SMFQ strengthened measurement

of emotional outcomes relevant to participation and engagement in daily activities.

Canadian occupational performance measure (COPM)

Occupational functioning was assessed using the Canadian Occupational Performance Measure (COPM), a semi-structured, client-centred outcome measure evaluating perceived performance and satisfaction in daily activities across self-care, productivity, and leisure domains[19]. The COPM was selected as the primary occupational outcome measure because it captures changes in participation and perceived competence in meaningful activities, which represent core targets of occupational therapy intervention.

Wellbeing and life satisfaction questionnaire (WLSQ)

The Wellbeing and Life Satisfaction Questionnaire (WLSQ) is a nine-item self-report instrument assessing subjective wellbeing and life satisfaction using a Likert scale. Inclusion of this measure allowed assessment of broader psychosocial outcomes associated with improved occupational engagement, recognising that participation in meaningful activities contributes to overall wellbeing.

Knowledge Questionnaire.

Client satisfaction questionnaire

Participant satisfaction with the intervention was assessed using a modified version of the Client Satisfaction Questionnaire[20], including structured items and open-ended questions. This measure enabled evaluation of intervention acceptability and perceived relevance, which are important considerations for implementation of occupation-focused interventions within school settings.

Ethical consideration

Ethical approval for the study was obtained from the Ogun State Ethics Review Board (Ref number HPRS/381/330). Permission to conduct the study was granted by the Ogun State Ministry of Education, Science and Technology. Written informed consent was obtained from parents or guardians, and written assent was obtained from participating adolescents. Participation was voluntary, and confidentiality of participant information was maintained throughout the study.

Data analysis

Data were entered and analysed using the Statistical Package for Social Sciences (SPSS) version 21. Descriptive statistics, including means and standard deviations, were used to summarise continuous variables, while frequencies and percentages were used to describe categorical variables.

Inferential analyses were conducted to examine differences between groups and changes following the intervention. Chi-square tests and independent-samples t-tests were used for bivariate comparisons where appropriate. For the pre–post intervention analysis, continuous outcome measures were analysed using paired t-tests. Statistical significance was set at $p < 0.05$ using two-tailed tests.

RESULTS

Participant characteristics and prevalence of depressive symptoms

Participants were aged between 12 and 19 years, with a mean age of 14.9 years (SD = 1.2). A total of 345 students were screened for depressive symptoms in the four schools out of which 90 students scored 18 or above on the Beck Depression Inventory (BDI) across the 4 schools representing a prevalence of significant depressive symptoms of 26.1%. The mean BDI score for the screened sample was 11.61 (SD = 10.23). Socio-demographic characteristics of the screened participants are presented in Table 1. Ten students who met eligibility criteria and had the highest depressive symptom scores from one of the schools participated in the intervention phase.

Table 1: Socio-demographic characteristics of all participants N=345

Variables	n (%)
Gender	
Male	141 (40.9)
Female	204 (59.1)
BDI score	
<18	255 (73.9)
18 and above	90 (26.1)
Class	
SS1	188 (54.5)
SS2	157 (45.5)
Living Circumstances (with whom)	
With Parents	255 (73.9)
With Others	90 (26.1)

Baseline associations

Baseline associations between depressive symptoms and occupational functioning, wellbeing, and knowledge measures are presented in Table 2. Depressive symptom severity showed a positive but non-significant association with SMFQ scores ($r = 0.27$, $p = 0.10$). No significant associations were observed between depressive symptoms and

Table 2: Baseline associations between depressive symptoms and occupational, wellbeing, and knowledge measures

Variable	Correlation with BDI score (r)	p value
SMFQ score	0.27	0.10
COPM Performance (mean score)	−0.03	0.84
COPM Satisfaction (mean score)	−0.12	0.47
Wellbeing and Life Satisfaction Questionnaire (WLSQ) score	0.10	0.53
Knowledge of depression score	−0.08	0.65

Note: COPM = Canadian Occupational Performance Measure; SMFQ = Short Mood and Feelings Questionnaire; WLSQ = Wellbeing and Life Satisfaction Questionnaire.

occupational performance, occupational satisfaction, wellbeing, or knowledge of depression at baseline.

Intervention outcomes

Pre- and post-intervention data were available for ten participants. A reduction in BDI scores was observed in nine participants, while SMFQ scores decreased in all participants. Wellbeing and Life Satisfaction Questionnaire (WLSQ) scores increased in all participants, and knowledge survey scores increased in six participants (Table 3).

Statistical analysis of pre–post changes

Paired-sample t-tests were conducted to compare pre- and post-intervention scores (Table 5). Significant reductions were observed in BDI scores and SMFQ scores. Significant increases were observed in WLSQ scores and COPM performance and satisfaction mean scores. The change in knowledge survey scores was not statistically significant.

Effect sizes calculated using Cohen's d were 1.56 for BDI scores, 1.35 for SMFQ scores, 0.84 for occupational performance scores, and 1.64 for occupational satisfaction scores.

Table 3: BDI, SMFQ, WLSQ and knowledge survey scores pre-post intervention in one treatment school (N=10)

	BDI Score		SMFQ Score		WLSQ Score		Knowledge Survey Score	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Mean (SD)	29.8 (6.34)	11.5 (10.10)	14.6 (4.55)	8.4 (3.31)	44.6 (10.43)	59.6 (7.78)	11.6 (2.90)	12.4 (2.22)

Occupational performance and satisfaction mean scores improved across most participants and across selected occupational areas. Six participants demonstrated a clinically significant change (e"2-point increase) in occupational performance scores, while eight participants demonstrated clinically significant improvement in occupational satisfaction scores (Table 4).

Participant satisfaction

Client satisfaction scores ranged from 24 to 30, with a mean score of 28.8 (SD = 1.93). Individual session ratings ranged from 5 to 10 out of 10. Responses to

Table 4: Individual score changes of performance and satisfaction (N=10)

Participants	Mean Performance			Mean Satisfaction		
	Pre	Post	score change	Pre	Post	score change
A	4.6	6.2	1.6	6.4	6.6	0.2
B	4.2	5.8	1.6	2.0	5.2	3.2*
C	9.5	5.8	-3.7	1.8	5.6	3.8*
D	3.6	6.6	3.0*	5.6	7.0	1.4
E	6.0	6.8	0.8	3.6	5.8	2.2*
F	4.2	6.6	2.4*	4.6	7.8	3.2*
G	3.4	8.0	4.6*	2.8	5.6	2.8*
H	6.8	9.0	2.2*	5.5	9.4	3.9*
I	6.0	9.6	3.6*	6.0	9.6	3.6*
J	3.0	9.6	6.6*	2.0	9.6	7.6*

**More than two point changes. Mean score change of two and above indicates clinical significant change*

Table 5: Paired sample test of BDI, SMFQ, WLSQ, knowledge survey scores and occupational performance and satisfaction mean scores (N=10)

	Mean difference (SD)	df	T	Confidence Interval		P value
BDI Score	18.30 (11.70)	9	4.95	9.93	26.67	0.001*
SMFQ Score	6.20 (4.59)	9	4.27	2.92	9.48	0.002*
Performance mean score	-2.27 (2.69)	9	-2.67	-4.20	-0.34	0.026*
Satisfaction mean score	-3.19 (1.94)	9	-5.21	-4.58	-1.80	0.001*
WLSQ	-15.00 (10.59)	9	-4.48	-22.58	-7.42	0.002*
Knowledge Survey	-0.80 (3.71)	9	-0.68	-3.45	1.85	0.512

**Significant at P < 0.05*

open-ended questions indicated that participants identified games and activity-based sessions as helpful. One participant suggested reducing the number of questionnaires administered. Suggestions included extending the intervention to other schools and increasing public awareness activities.

DISCUSSION

Intervention effects

This study examined the effects of a structured occupational therapy group intervention on depressive symptoms, occupational performance, wellbeing, and knowledge of depression among adolescents with elevated depressive symptoms. Following the intervention, reductions in depressive symptom scores and improvements in occupational performance, occupational satisfaction, and wellbeing were observed. A clinically meaningful change of two points or more in COPM performance and satisfaction scores was achieved by the majority of participants.

These findings are consistent with occupation-focused intervention studies reporting improvements in occupational performance and participation alongside reductions in psychological distress among adolescents.[21,22] The present findings extend this work by demonstrating similar patterns within a school-based context in a low-resource setting. Improvements in occupational performance and satisfaction suggest that engagement in meaningful activities may represent an important mechanism through which occupational therapy interventions influence adolescent wellbeing, potentially through increased behavioural activation, improved self-efficacy, and restoration of structured daily routines that support emotional regulation and participation.[23] From a person–environment–occupation perspective, the intervention may also have supported better alignment between adolescents' emotional capacities and the occupational demands of school participation.

Acceptability and feasibility

Participants reported high levels of satisfaction with the intervention, and activity-based components were identified as particularly relevant to daily life. The findings indicate that group-based occupational therapy interventions can be implemented within school environments and may be acceptable to adolescents. The activity-focused and group format may have enhanced acceptability by embedding therapeutic processes within familiar school activities, thereby reducing stigma and supporting peer-related learning.[24] School settings provide opportunities for occupation-focused assessment and intervention within natural contexts of participation, supporting functional engagement in learning and social activities.[25,26]

Implications for occupational therapy practice and research

The findings provide preliminary support for occupation-focused interventions within school-based mental health services. Occupational therapy may contribute to adolescent mental health by addressing participation restrictions and supporting engagement in meaningful daily activities within naturalistic contexts. These findings also suggest potential relevance for school-based mental health models in low-resource settings, where interventions that simultaneously target functioning and emotional wellbeing may be feasible within existing educational structures. Further research using controlled designs and larger samples is required to examine effectiveness, sustainability, and implementation within school systems.

Limitations

Participants were identified using screening instruments rather than diagnostic assessments, which may have influenced estimates of depressive symptom prevalence. The COVID-19 pandemic resulted in disruption of the original study design and limited the intervention sample to one school. The small sample size and absence of a comparison group limit generalisability and preclude causal inference.

Outcomes were based on self-report measures, and perspectives from teachers or parents were not included. Future research should employ two-stage diagnostic confirmation, multi-site RCT designs with adequate power, and multi-informant assessments to strengthen validity and scalability in SSA contexts. Because only bivariate analyses were conducted due to the small sample size, we could not adjust for confounding variables. Future research should use multivariable logistic regression to determine whether observed associations persist after controlling for sociodemographic and clinical covariates.

CONCLUSION

Elevated depressive symptoms were identified among a substantial proportion of adolescents in the screened sample. Participation in a structured occupational therapy group intervention was associated with reductions in depressive symptoms and improvements in occupational functioning and wellbeing. Further research is required to confirm these findings in larger and controlled studies.

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