Occupational Therapy's Role in Mental Health Promotion, Prevention, & Intervention With Children & Youth

Recess Promotion

OCCUPATIONAL THERAPY PRACTITIONERS' (OTs') role in the school setting is to promote student academic achievement and social participation. They support students' occupational performance in the following areas: education, play, leisure, social participation, activities of daily living (e.g., eating, dressing, hygiene), sleep and rest, and work. Task analysis is used to identify factors (e.g., sensory, motor, social–emotional, cognitive) that may limit successful participation. Practitioners promote a student's strengths and abilities throughout all school routines and environments, including recess and playground time.

Recess defined: *active, free play with peers.*

Recess is an important part of each school day and an opportune time for OTs to implement innovative programs to address a variety of issues related to school performance. Although many areas of function can be addressed during recess, play and social participation are the most natural areas for OTs to target. Recess is an important time for students to develop important performance skills in the areas of emotional regulation and communication and social skills.

The problem: School districts are cutting the amount of time devoted to recess in order to increase the amount of instruction time. A study by the Center on Education Policy found that 20% of districts **recently reduced recess by 50 minutes per week** in order to dedicate more time to academics (Ramstetter, Murray, & Garner, 2010).

Benefits of recess

- Increased opportunity for engagement in social participation, improved physical and emotional health, development of leisure and play to counteract the imbalance between sedentary and physical activity, and preparation of the body and mind for attentiveness and engagement in the classroom.
- Recess is a time to "recharge [students'] bodies and minds" (Robert Wood Johnson Foundation, 2010, p. 4). Play in any form is a stress reliever from the world of more and more academic instruction and benchmark testing (Miller & Almon, 2009).
- Better classroom behaviors are found in classrooms receiving at least one 15-minute recess break each day (Barros, Silver, & Stein, 2009).
- Attention to classroom tasks is improved after recess time (Holmes, Pellegrini, & Schmidt, 2006).

Professional Recommendations

- The Centers for Disease Control and Prevention (2000) recommend that elementary school children participate in recess at regularly scheduled periods during the school day. Recess should be supervised by trained adults who can encourage physical activity, enforce rules, and prevent bullying. Appealing equipment and materials should be provided.
- The National Association for Sport and Physical Education (NASPE; 2004) recommends elementary school children have unstructured play time in order to increase physical activity and encourage enjoyment of movement. Recess should not replace physical education and should not be withheld as punishment. NASPE also suggests recess be supervised by qualified adults to facilitate conflict resolution and enforce safety rules.
- The National Association of Early Childhood Specialists in State Departments (2002) of Education recognizes recess as an "essential component of education" and recognizes the restorative effect of recess for students with attention disorders (Ramstetter et al., 2010).

WHY SHOULD OTS CARE ABOUT RECESS?

- Only **36%** of children meet doctor's recommendations for daily physical activity.
- Recess represents about half the available time for children to dedicate to physical activity.
- Recess may be removed because of behavior problems. OTs can help prevent this by helping recess staff learn how to structure recess to promote positive behavior and reduce problem behaviors.
- Funding for structured play often goes to after-school programs and physical education. Recess is an untapped resource and OTs have both the skills to develop new programs and the responsibility to advocate for the importance of play (Robert Wood Johnson Foundation, 2007).

The Challenges of Keeping Recess: limited equipment or supplies; unsafe conditions; disorganization; discipline problems; bullying; lack of awareness of play benefits.

A 2010 study showed that urban schools and schools with 75% of students receiving free lunch have LESS recess time than rural & suburban schools. (Ramstetter et al., 2010)

continued

Occupational Therapy's Role in Addressing **Recess Time**

BELOW ARE EXAMPLES of intervention strategies at varying levels of intensity that could be implemented by occupational therapy practitioners:

Tier 1—Universal (whole-school efforts emphasizing promotion and prevention)

- Promote physical health through meaningful activities. For example, OTs could implement a "Recess Activities of the Week" (e.g., Frisbee golf, dancing, obstacle course) program to increase motivation to participate and be active (Sinclair, 2008).
- Advocate for recess in your local school districts by sharing evidence demonstrating the benefits of recess and collecting data demonstrating positive behavior or increased academic achievement when recess and physical activity is included throughout the school day.
- Ensure recess is supervised by trained adults who can encourage physical activity, enforce rules, and prevent bullying. Adults can model appropriate behavior, provide reinforcement, and facilitate cooperation In-service recess supervisors on strategies for promoting positive behavior and ideas for age-appropriate play activities
- Help teachers understand that throughout the school day, there needs to be balance between child-initiated and teacher-led activities, active and passive activities, and indoor and outdoor activities to maximize young children's ability to attend to learning activities (Holmes, Pellegrini, & Schmidt, 2006).
- Ensure appropriate and safe equipment on school playgrounds.
- Pair AOTA Backpack Awareness campaign with a school-walking program.

Tier 2—Targeted (prevention and early intervention for students at risk of developing mental health challenges)

- Collaborate with the physical education teacher and playground staff to identify students who struggle with social participation or physical activity during recess time. Target play activities for this "at-risk" group by reducing barriers, modifying a playground apparatus, or by offering a range of challenges to this select group.
- Facilitate inclusion for children who may be at risk for social exclusion such as those living in poverty, those with differing sexual orientation, those in marginalized ethnic groups, and those who are overweight.
- Partner with physical therapists to provide obesity prevention programs.
- Offer staff trainings on bullying prevention and monitoring for signs of concussion. Work collaboratively with school nurses, social workers, and psychologists

Tier 3—Intensive individualized interventions (for students identified with mental health challenges or illness)

- Modify activities and environments for greater inclusion for students with disabilities or mental health challenges
- Promote social participation for children with emotional disorders by teaching peer models to provide pivotal response training (Harper, 2008).
- Form a motor skills play groups during recess time for students with identified coordination issues.

CHECK THIS OUT!

- **International Play Association:** www.ipaworld.org
  Advocates for children's right to play, connecting disciplines and collecting resources to promote the importance of play
- **International Play Association USA Affiliate:** www.ipausa.org
  Provides advocacy and resources for the promotion of play, produces quarterly newsletter and information about annual conferences
- **AOTA Resources on Play**
  www.aota.org/Practice/Children-Youth/Play.aspx
- **AOTA Official Document on Obesity**
  www.aota.org/-/media/Corporate/Files/Secure/Practice/OfficialDocs/Position/Obesity-and-OT-2013.PDF
- **School Mental Health Resources:** www.schoolmentalhealth.org
- **Center for Mental Health in Schools at UCLA:** http://smhp.psych.ucla.edu
- **Center for School Mental Health:** http://csmh.umaryland.edu

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