Abstract: Background/aim: This paper investigates the relationship between productive occupation and mental wellbeing for young people with a mental illness. In doing so, it aims to increase understandings of applying occupation therapeutically. Methods: Four young people who experienced mental illness were interviewed about their engagement in productive occupations. Interviews were audio-taped and transcribed. Transcripts were analysed and categorised into four themes. Findings: The participants found that: the obligatory nature of productive occupations encouraged engagement in occupation; responsibility gained from work or study helped develop a positive sense of self; accomplishments achieved through engaging in productive occupations enhanced self worth; and engaging in productive occupations helped foster hope. Conclusion: Engaging in productive occupations is found to enhance the mental health and wellbeing of participants, and thus accentuates that meaningful productive occupations can be a valuable aspect to occupational therapy practice.
Health-enhancing effects of engaging in productive occupation:
Experiences of young people with mental illness

By Sophia Iannelli and Clare Wilding

ABSTRACT

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Conclusion: Engaging in productive occupations is found to enhance the mental health and wellbeing of participants, and thus accentuates that meaningful productive occupations can be a valuable aspect to occupational therapy practice.
**KEYWORDS:** Mental illness, mental wellbeing, productive occupation, qualitative research, young people.

**INTRODUCTION**

Occupational therapy is a profession that is vitally concerned with enabling its clients to engage in occupations that they need and want to do. Since occupational therapists aim to help people perform occupations, it is important that they understand the nature of how humans participate in them. Research that explores experiences of occupation has much to offer the profession. However, as occupation is a very diverse phenomenon, it is necessary to delimit the aspects of occupation that are to be scrutinised. This paper describes a phenomenological study, which was undertaken by the first author as an honours research project. The aim of this research was to contribute to the body of knowledge that informs occupational therapy practice by investigating the influence productive occupations can have upon the mental health of young people who have experienced mental illness.

Productive occupation is a broad term that is used to describe occupations that contribute “to the social and economic fabric of… communities” (Law et al.,
1997, p. 34). Employment, voluntary work, and study may all be classified as productive occupations.

Many occupational therapy authors assert that occupations, including productive occupations, have health-protecting and health-enhancing qualities (e.g. Law et al., 1997; Meyer, 1922/1977; Wilcock, 1998). In particular, Kielhofner (1993) argues that productive occupations have an important influence upon health for adults in modern society. Although he does not accentuate these ideas in his more recent writings, Kielhofner (1993) wrote that because human societies are characterised by progressively more specialised divisions of labour, individual contributions of work are extremely important because humans are identified by their specific role that maintains or advances society. For this reason, societies value the productive contributions of their members because without their input, the social group would deteriorate. As a result, adults feel a sense of self-worth and affiliation with the social group through their contributions as a productive worker (Kielhofner, 1993).

In regard to young people, some authors believe that the significance of productive occupation, particularly employment, is amplified. According to Bloch and Singh (1997), and Herbert (2003), youth is regarded as a life transition in which childhood roles are discarded, adult attitudes are developed, and
establishing a clear sense of identity is one of their major tasks. Therefore work for young people becomes an invaluable activity because it is used to convince themselves and their peers that they are ready for these emergent adult roles (Lobo, 1999). Work additionally confers status and helps define an adult identity (VicHealth, 1999). The value of productive occupation for young people may be seen in an Australian media release, which stated that a higher proportion of young people who had completed secondary studies or were employed, self-assessed their health as “excellent” or “very good”, compared to young Australians without an education or a job (AIHW, 2003).

The importance of productive occupations for youths can be further emphasised by investigating a lack of productive occupations, which is believed to negatively influence an individual’s mental wellbeing (Kielhofner, 1993; Lobo, 1999; Rice & Dolgin, 2002; Stuckey, 1997). For instance, Kielhofner (1993) stated that people who are unemployed can become “alienated from society, demonstrate deviant behaviours, and lead unhappy and often disorganised lives” (p. 142). In addition, Rice and Dolgin (2002) argued that long-term unemployment for young people could be devastating because it can undermine a person’s sense of becoming an adult.
Furthermore, the consequences of youth unemployment may be demonstrated by considering its relationship with suicide. The link between suicide and unemployment was initially observed by Durkheim (trans. 1970), who theorised that unemployment or work loss weakened individuals’ social integration by depriving them of social roles and status, and by increasing social isolation. Investigations in Australia have revealed that there is a correlation between periods of relatively high youth unemployment and peaks in youth suicide (Hassan, 1995). Between 1970 and 1988 the unemployment rate increased from 2.9 to 18.1% for 15-19 year old males and from 3.6 to 19.5% for females of the same age group. The suicide rate for 15-19 year olds in the same period increased from 7.3 to 17.0 per 100,000 males and 2.4 to 4.7 per 100,000 females (Hassan, 1995). Nevertheless, as Hassan’s (1995) research explored the relationship at a descriptive level, it cannot conclude a cause-and-effect correlation, and thus this association may result from other independent variables.

Within mental health practice, several studies have explored productive occupations for people diagnosed with mental illness. For example, Strong’s (1998) 15-month ethnographic investigation found that employment connected the twelve participants, who were diagnosed with long-term psychiatric illnesses, to their community. Employment was found to provide powerful protective factors against mental ill-health, such as valuable relationships, a sense of
identity, and structure within participants’ lives (Strong, 1998). Rebeiro and Allen (1998) used an exploratory single-case design, which revealed that voluntary work for one individual with schizophrenia contributed to his mental wellbeing. Similarly, voluntary work afforded the opportunity for the participant to contribute and be a productive member of society, which helped him construct a socially acceptable identity (Rebeiro & Allen, 1998). Crist et al. (2000) found that productive occupations, either paid or unpaid, provided individuals with a healthier balance and structure to daily life, as perceived by the study’s subjects. Additionally Kennedy-Jones et al. (2005) identified that support from others, personal meaning of work, previous experiences, and maintaining mental health, are powerful factors that influence the success of maintaining employment.

In contrast to the health-enhancing effects of productive occupations previously highlighted, employment has also been identified as a potential threat to occupational balance, and may therefore also be seen as health-damaging. Based on her doctoral research with women managers in health contexts, Ross (1998) argues that modern working environments are characterised by increased productivity, commitment, effectiveness, and competition, which can contribute to exhaustion and stress. Hence employment may decrease quality of life and mental health because other valued occupations, such as family commitments, can be surrendered to the demands of the worker role (Ross, 1998). However, a
question that remains unexplored is whether occupational imbalance is a threat in other worker roles for different groups of people, including young people.

It is clear that some authors have researched the relationship between productive occupation and health, and yet knowledge of this topic is not exhaustive. In particular, understanding this relationship could be enhanced if a youth perspective of this phenomenon was explored. Given that youths’ experiences of productive occupation may contribute to their development of self-identity during the transition from childhood to adulthood (AIHW, 2003; Lobo, 1999; VicHealth, 1999), it was considered that this could be an important topic for occupational therapists to investigate. Thus, the study described in this paper aimed to address the question, “What is the relationship between productive occupations, mental health, and mental illness for young people who have experienced mental illness?”

**METHOD**

This study was guided by the theoretical perspective of phenomenology. Phenomenological research is a form of qualitative inquiry, which is concerned with uncovering knowledge that is related to a specific, everyday phenomenon (Streubert & Carpenter, 1995). Phenomenology is grounded in the belief that human meaning can only be understood through experience (DePoy & Gitlin,
1998). That is, only the people who directly engage in the phenomenon know the truth about it. Phenomenological research is also based on the principle that the way in which people share and communicate these experiences is mostly by speaking about them (DePoy & Gitlin, 1998). Wilding and Whiteford (2005) argue that phenomenology is a useful method for research within occupational therapy because it is compatible with many of the profession’s philosophical beliefs.

**Participants**

Participants were selected using purposive sampling. Cook (2001) describes this as a method of selecting informants according to their potential to contribute insights into the question at hand. For pragmatic reasons, a psychosocial rehabilitation program located within a regional city in North Eastern Victoria was chosen to recruit participants. This community organisation is tailored for young people who have experienced mental illness and who are actively engaging in community re-integration. Therefore, it was assumed that clients attending this service might also be engaging in productive occupations.

The researcher (SI) outlined the purpose, methodology, and ethical considerations of the study to staff members of the selected organisation at an information session. Copies of the information sheet and consent forms were also provided.
Staff members were encouraged to invite the young people attending the program to consider participating in the research. Rather than approaching the young people directly, staff members were used as intermediaries in order to protect the confidentiality of the people who attended the service, while still offering a personal, rather than paper, invitation.

Two young men and two young women participated in this study. The participants were aged between 18-25 years, they had all been engaged in paid employment at some stage of their lives, and all had experienced mental illness. At the time of the study two participants were in paid employment (one full-time and one part-time), one participant was studying (full-time), and one participant was unemployed. The participants reported the mental illness or mental illnesses they had experienced, and their diagnoses included one or more of the following: bipolar disorder, drug-induced schizophrenia, anxiety, schizo-affective disorder, and depression.

**Data collection**

Data was collected using interviews. Interviews were conducted face-to-face at the psychosocial rehabilitation organisation. Participants were interviewed once and each interview lasted approximately 50 minutes. An interview guide was used and as recommended by Grbich (1999), the guide comprised of a set of broad-
ranging questions that were developed by the researcher after reading about and reflecting upon the topic area. The guide was used as a memory prompt and to help focus the interview so that relevant and consistent questions were asked throughout. Additionally, active listening was utilised during the interviews. According to May (1991), active listening enables intensive listening and encourages participants to expand their responses to questions. Therefore, active listening helps participants to take charge of the interview and to carry it into unexpected terrain. Interviews were audio-taped and transcribed verbatim.

**Data analysis**

Transcripts formed the data set that was analysed. Data analysis involved reading and rereading the transcripts many times, both as a ‘whole’ to form initial impressions, and then as ‘chunks’ to analyse these pieces in relation to the whole script, as recommended by Burnard (1991). This process was repeated until no new interpretations were found in the data. At the beginning stages of analysis, the transcripts were also read and notes were made by a peer reviewer. These notes were discussed and compared to the researcher’s analysis. According to Burnard (1991), this process may enhance the validity of the categorising method.

‘Chunks’ of meaning were then summarised by combining and collapsing the data into different categories. For example, all of the data that discussed mental illness
were combined, and then collapsed into groupings such as “mental illness as losing control” and “working with a mental illness”. This process was repeated for each transcript. These categorised ‘chunks of meaning’ were then interpreted using processes of reflection, developing diagrams, writing, rewriting, and discussing ideas with research supervisors. Reflections were developed through the use of a reflective journal as recommended by Krefting (1991). Additionally, member-checking was used to enhance the creditability of data analysis and participants assented that they felt that their experiences had been truthfully represented. The study was carried out with the approval of the Charles Sturt University School of Community Health Ethics Committee and the Ethics Committee governing the psychosocial rehabilitation programme.

FINDINGS

The four participants spoke about the following experiences of engaging in productive occupations: Alla spoke of her full-time work in stock control at a car dealership; Daniel talked about studying full-time in a conservation and land management course; Rosie discussed her two part-time jobs, of being a house-cleaner and a group leader within the psychosocial rehabilitation programme; and Jarrod, who was unemployed at the time of his interview, spoke of his past experiences as a full-time arbourist.
The findings of this study are organised into four themes that describe the relationship between productive occupation, mental wellbeing, and mental illness for the participants. These themes are: the obligatory nature of productive occupations encourages sustained engagement in productive occupations; responsibility gained from work or study helps develop a positive sense of self; accomplishments achieved through engaging in productive occupations enhance self worth; and, engaging in productive occupations help create a brighter future.

**Sense of obligation promotes sustained engagement in productive occupations**

For the participants, productive occupations provided a sense of obligation to ‘show up’ and be actively involved. This proved to be a strong motivator as it encouraged regular engagement in their chosen productive occupation. A benefit of productive occupations was stated to be that they “get you out of the house.” Daniel illustrates this concept:

> I’m in a classroom and I’m sort of forced to concentrate and forced to listen. I mean I force myself to do it, but it is a force that’s doing it... making myself sit there.

Alla said:
You have days where you think, “Oh… ten cars are coming in! I don’t want to check them in. No yuk.” But it’s got to be done. I’m getting paid to work so there’s a way [to get things done].

Responsibilities associated with productive occupations strengthen sense of identity

The participants felt that engaging in productive occupation gave them important responsibilities, which they valued highly, or as Jarrod put it “things to do that are really important.” As Daniel explained, this “boosts your self-esteem up because you are doing something worthwhile,” making him feel like “I’m the man.”

Within her interview, Rosie described the set of important responsibilities she experienced through her work as a therapeutic group leader:

Well the first thing that we have to be really careful of is like privacy and things that are said in the group don’t leave the group so we are not allowed to talk about what goes on outside the group to other people. And basically it’s just about me sharing my experiences and what worked for me, as kind of advice for other people to see how they go with it. And like I get more back than I give to the group I think. Like there’s a lot of positive feedback and everyone supports each other too which is good.
Alla reported that the responsibility of going to work and completing duties increased her mental health because it stimulated her to make behavioural changes to become more like the person that she wanted to be. She said:

*I think that working puts things back into perspective... You sort of go, well ok these people are depending on me to come here everyday. If I don’t come well then that leaves somebody else with my work and their work to do, and they’ll get cranky so it’s like a snowballing effect. It helps you organise yourself. If you are dealing with people everyday, things come across and things happen and you deal with it probably then and there, instead of twirling on the past and everything.* [bolding indicates emphasis given to the words when they were originally spoken].

**Enhancing self-worth through recognition of accomplishments**

The participants described that productive occupations provided them with opportunities to feel satisfied with their work accomplishments. These achievements contributed to feelings of being valued and was facilitated in several ways.

First, engaging in productive occupations produced actions and outcomes that were visible and tangible. Rosie emphasised this by stating, “there’s a lot of
satisfaction involved [with work] because you can see” progress or change arising from one’s individual work efforts. Rosie valued being able to easily recognise her work achievements:

It’s nice to see the end result with housecleaning, like to see a spotless house, you sort of feel like you’ve achieved something.

For Jarrod, a visible result of engaging in work was the change to his physical appearance. Jarrod felt proud about the way his body looked:

You have to be very strong [to be an arbourist]. I put on probably about 30 to 40 kilograms doing it. In muscle! I got up to about 110 [kilograms].
I’m 75 now. So you can imagine how big I would have been.

Second, productive occupations provided ample opportunities for the participants to receive approval from others. The participants felt appreciated because, as Daniel put it “knowing you’re doing a good job” was not only ‘witnessed’ by one’s self, but was “confirmed by other people.” Alla demonstrated how work accomplishments that are acknowledged by others enhanced her self-respect:

[Work is] really good for your self-esteem because it’s kinda rewarding when you see things happen and you know you have been a part of it. Like we’d get a car from a dealer that no one could get [locally], like a little automatic Astra… but then you get one and you see it come in off the truck
and you’re like “Wow! All my phone calls paid off.” And it sounds really silly, but I mean in that industry that’s a pretty big thing and everyone’s like, “Oh great you’ve got one.”

Third, the participants perceived the financial rewards of employment as an additional, tangible sign that they had made a valued contribution. This had a positive influence on their mental wellbeing because it helped them feel important. For instance, Jarrod acknowledged that he was earning a lot of money as an arbourist because his worker role was “very dangerous” and he felt that others appreciated the service that he provided. Alla enjoyed the financial reward and also felt reassured that other people respected her efforts:

It’s so nice to once a week go and get your pay and like, “Cool that week paid off” like, “Look I’ve got heaps,” “Oh great! What do you want to do?” You can walk down the street and if you like those stripy pants in the shop you can buy them. I do think it’s very good. It reassures people that other people do value them.

Productive occupations create a brighter future

Productive occupations were seen to provide participants with, as Jarrod commented “a chance in the future for something better” since by engaging in these occupations they had more diverse experiences, greater opportunities to
achieve their dreams and goals, and increased assistance in their recovery from mental illness. Alla named these the “fringe benefits” of work because for her they were seen as unexpected, yet highly valuable attributes:

*I probably find that if I didn’t work I’d probably be very involved in childcare. But then my children probably wouldn’t be in childcare as much, so therefore I’d probably be a little less involved because I wouldn’t be able to afford it. And I’d be unhappy because I wouldn’t be able to afford to give my children anything. Because I must admit I do like to spoil them.*

Jarrod described how participating in work lead to new opportunities to socialise:

*We would cut it [logs] all up into firewood and we would sell it to people and like we would sell mulch as well... You’d get four slabs for it. That means you can have a drink during the night... that was the good part of it... After work there was like a party every night... It was like a family of men basically. Yeah it was like ‘lumber jack’ sort of thing.*

Engaging in productive occupation helped the participants feel like they were, as Rosie commented “working towards something”. Alla echoed this idea:

*What helps work towards your goals is work. If you’ve got dreams... and if you are working, you are doing something to get that little bit closer. If*
you are not doing anything well, it doesn’t happen... You’re gotta go out there and work.

Although Rosie does not enjoy her house cleaning work, she recognises that it provides her with prospects for advancement:

*I find it really boring. I’m not the keenest cleaner...[but] it gives me a chance to get back into the employment force...Rather than just being at home all day or whatever it gives you a bit of self-esteem and it sort of makes you feel a bit more positive about your life and that you are actually getting somewhere, working towards something... At least... it’s one step forward.*

Productive occupation was also identified as giving hope of recovery from mental illness. Daniel explained that work was important because it “grounded his roots” allowing him to “carry on with his ‘normal’ path of life.” Alla believed that work kept her “focused and on the right path” which protected her against mental ill-health. Rosie described how employment was the essential ingredient for enhancing her mental health:

*You get to a certain stage where you feel recovered and you need to move forward again, you need to make a step up and I think employment is a really important one, once people are ready... Work helped me. It gave me*
more purpose. It gave me more self-worth and motivation. It just makes you feel worthwhile and that you can achieve things and you’re not going to be stuck on the pension for the rest of your life… [My mental health] is forever sort of increasing which is good and then the more work that I do, the more opportunities I get, and that helps get you rising as well [bolding indicates emphasis given to the words when they were originally spoken].

DISCUSSION

The findings of this phenomenological study raise many issues of importance for the occupational therapy profession. In particular, the study highlights that: motivation for engaging in productive occupations is engendered through the inherent sense of obligation that is characteristic of productive occupations; engaging in productive occupations can strengthen senses of responsibility and identity; self-worth may be enhanced through participation in productive occupations; and, that engaging in productive occupations provide a sense of building a positive future.

Motivation provided by productive occupation

For the participants in this study, the obligation they felt to turn up to work or study was perceived as beneficial because it helped encourage them to regularly engage in an occupation that they found meaningful. Without this sense of being
‘forced’, the participants may have found it difficult to continue regular engagement in their productive occupation, and hence they may not have experienced the other benefits that productive occupations can offer.

Of course, obligation to attend work can also be perceived as a negative event and may be experienced as a ‘surge’ of stress, which can adversely affect people’s mental health (Ross, 1998). However, in this study, the participants experienced the obligation to ‘show up’ as positive rather than as negative stress. This finding strengthens the work re-entry strategy of supported employment, as opposed to pre-vocational training, for people with a mental illness.

Supported employment can be defined as any approach to vocational rehabilitation that attempts to place clients immediately in competitive employment (Crowther et al., 2004). This means that clients are placed in paid work that meets their interest and abilities first, and then any supports or training that is needed is provided second. According to Moll et al. (2003) supported employment has not been widely adopted in clinical settings. On the other hand, pre-vocational training is based on a traditional stepwise approach in which clients perform graded tasks within a sheltered environment and are gradually reintroduced to working within the community (Crowther et al., 2004). Moll et al. (2003) noted that one of the differences between supported employment and pre-
vocational training is that supported employment incorporates a strong obligatory nature, as opposed to pre-vocational training, which is more flexible. Since this study found that a sense of obligation can be a strong motivator for continuing participation within productive occupation, it may be that supported employment offers people with mental illness more chance of sustaining engagement in productive occupations.

**Responsibility and identity**

The participants in this study identified that the responsibilities gained from work or study helped positively change their self-perception. For example, Daniel felt like ‘the man’ when he was studying. Other authors have also described the idea that engaging in productive occupations can help shape identity and are particularly important for young people and people with a mental illness. Pascall and Hendey (2004) regarded work as an invaluable activity to assist young people with disabilities to move from a dependent to independent status. Additionally, studies by Kennedy-Jones et al. (2005), Legault and Rebeiro (2001), Rebeiro and Allen (1998), and Strong (1998), found that engaging in productive occupations positively transformed the identities of people who have experienced mental illness. In this study engaging in productive occupation helped the participants develop an identity as a productive member of society that in turn boosted the participants’ self-esteem because they believed that they were doing something
worthwhile. This finding promotes the argument that productive occupations are a positive factor and important role in the transition from childhood to adulthood.

For young people with a mental illness, the importance of establishing a clear working identity may be vitally important because they may feel the need to define themselves on two accounts. One, that they have the identity of an adult, and two that they are more than ‘just’ a person with a mental illness. However, despite the significance that productive occupations may have for this particular population, the literature concludes that young people (e.g. VicHealth, 1999) and people with a mental illness (e.g. Gouvier et al., 2003) are over represented amongst the unemployed. This would suggest that people who are both young and have experienced mental illness would find it even more difficult to participate in employment. This is concerning because according to previous research, the consequences of a lack of productive occupation can result in alienation from society, unhappy and disorganised lives, limited social roles and status, and suicide (Durkheim, trans. 1970; Hassan, 1995; Kielhofner, 1993). Hence it is important for health professionals to acknowledge the powerful positive effect that productive occupations can have in shaping identity and assisting through the transition into adulthood, and therefore look to helping their clients find opportunities to engage in productive occupations.
Enhancing self-worth through recognition of accomplishments

The findings indicate that engaging in productive occupation provides many opportunities to achieve satisfaction through accomplishments that are recognised by oneself and/or society. For the participants, accomplishments were perceived as reflections of their worthiness. This finding lends support to Wilcock’s (1993) theoretical claims of the human need for occupation. Wilcock (1993) argued that occupations are the mechanism by which individuals demonstrate the use of their capacities. She believed that through engaging in activity people could demonstrate their value and worth to their society and the world (Wilcock, 1993). Additionally health has been acknowledged to flourish when people’s occupations hold personal meaning and is publicly valued (CAOT, 1994; Kielhofner, 2002). For the participants in this study, productive occupations enabled them to prove their value and worth to society. Hence, self-worth was enhanced because accomplishments were seen by the self, recognised by society, and rewarded through income.

Productive occupations providing a chance in the future for something better

The importance of instilling hope during recovery from illness has been discussed extensively within health care literature (e.g. Cutcliffe & Herth, 2002; McCann, 2002; Townsend & Glasser, 2003). According to Rees and Joslyn (1998) when
illness or disability strikes, people can feel that they are victims of events beyond their control. Therefore, it is important to foster hope so that clients can restore a sense of personal control and recover their self-esteem, dreams, self-worth, pride, choice, dignity, and meaning in life (Townsend & Glasser, 2003).

For the participants in this study, productive occupation was beneficial because it instilled hope to enabled the participants to envision a brighter future. Previous research has concluded that productive occupations is linked to recovery because it is associated with improved self-concept and identity (Ferguson, 2004), higher ratings of subjective wellbeing (AIHW 2003), increased social participation (Pevalin & Goldberg, 2003), and symptom reduction (Pevalin & Goldberg, 2003; Waghorn & Lloyd, 2005). In particular, an Australian study by McDonald (2000) concluded that participation in vocational rehabilitation reduced clinical symptoms and increased higher levels of functioning for people with a mental illness as measured by the Behaviour and Symptom Identification Scale.

**Implications for occupational therapy practice**

It is concluded that, at least for some young people who have experienced mental illness, productive occupations can have health-maintaining and health-enhancing qualities. As occupational therapists have a unique and expert understanding of facilitating occupation, it would seem feasible that an important role for the
profession is to consider the ways in which young people who experience mental illness can be assisted to engage in productive occupations. In addition, since occupational therapists are strong advocates for occupation, it would seem appropriate for the profession to support educational programs and employment incentives to encourage and provide opportunities for young people at risk of developing mental illness to engage in productive occupations.

**Strengths and limitations of the study**

This study was a preliminary investigation into the relationship between productive occupation, mental wellbeing, and mental illness for young people. As the profession’s knowledge in this area is not exhaustive, this study helps to contribute to our understanding about this issue. Furthermore, the findings strengthen the evidence that support the fundamental philosophy of occupational therapy, which is that engaging in occupations can increase health and wellbeing.

One of the limitations of this study is that due to the type of research conducted, participants may have chosen to omit discussing all aspects of engaging in productive occupations. For example, one participant directly stated not wanting to disclose some of the negative aspects of working in regards to work colleagues. It is recognised that negative experiences of work would have provided a more thorough understanding of this phenomenon. Furthermore, since the sample size
was small, and participants were all selected from one mental health organisation, it is unlikely that a full range of all understandings, perspectives, and issues about this phenomenon have been explored.

**Further research**

Further research into the relationship between productive occupations and young people that elicits experiences from a greater number of people of varying socio-cultural backgrounds and disabilities, in a variety of different settings is warranted. Exploring the negative effects that productive occupations may have on mental wellbeing would also allow further understandings to be developed. Future research could additionally investigate the reverse phenomenon, of the relationship between a lack of experience in productive occupation and mental health, to gain a different, yet highly valuable understanding.

**CONCLUSION**

Through analysing and interpreting the participants’ stories, this study has discovered that productive occupations have some health-maintaining and health-enhancing qualities. For the participants, the obligatory nature of productive occupation motivated them to continue engaging in work or study. Productive occupation also provided opportunity for participants to experience taking responsibility, which increased their positive senses of self. Additionally
participants’ self-esteem was raised because they were being recognised for their work or study accomplishments. Furthermore, productive occupation created opportunities and experiences, and assistance for the participants during their recovery from mental illness. Importantly, this study contributes to the mounting evidence that engaging in occupation can increase health and wellbeing, thus strengthening occupational therapists’ confidence in this fundamental philosophical belief of occupational therapy.
REFERENCES


Ferguson, A. (2004). Promoting recovery from mental illness through employment is one of the aims of the Caledonia Clubhouse. *Mental Health Practice, 7*(9), 22-23.


relationships, and culture. (10th ed.). Boston: Allyn and Bacon.


