

## Introduction

- **MESH Lab:** seeks to explore emotional and social difficulties in people with and without mental illness
- **Psychosis:** a symptom of mental illness indicated by hallucinations, delusions, and/or disorganized speech/behavior [1]
- **Clinical high-risk (CHR)** for psychosis can include: [2]
  1. 1<sup>st</sup> degree relative with psychosis
  2. Experience of subthreshold symptoms
  3. Recent onset of brief psychotic symptoms
- CHR symptoms may **disrupt social participation & ↑ loneliness** [3]
- **Social self-efficacy:** belief in one's ability to achieve social goals; a necessary component for interpersonal relationships [4,5]
- **Low social self-efficacy** is associated with decreased social functional capacity in those with psychosis [6]

### Study Purpose

To assess social self-efficacy in a CHR population to increase the body of knowledge of constructs applicable for occupational therapy (OT) assessment & intervention

## Methods

### 1. Literature review – Low social self-efficacy & impact on occupations

- There were no articles published in AJOT regarding OT and social self-efficacy within the CHR population (as of 2021)

### 2. Recruit participants via listserv PEPPNet

- PEPPNet – supported by Stanford University, which provides programs & support for CHR individuals [7]
- Inclusion criteria: 18+ y/o, met CHR criteria (N=15)
- \$10 compensation

### 3. Assessment: Online Qualtrics self-report questionnaire

#### Demographic information & COVID-19 social impacts

Ex: "Has the COVID-19 pandemic affected your social life"

#### Social self-efficacy (PSSE) [4]

Ex: "How much confidence do you have that you could put yourself in a new and different social situation?"

#### CHR psychosis symptoms (Prime screen) [9]

Ex: "I think I might feel like my mind is playing tricks on me."

#### Loneliness (UCLA Loneliness Scale) [10]

Ex: "I feel isolated from others"

#### Depression (PHQ-8) [11]

Ex: "Little interest or pleasure in doing things."

#### Social anhedonia (SAS-BRIEF) [12]

Ex: "Making new friends isn't worth the energy it takes."

### 4. Data analysis via Jamovi Software

- Partial correlational analysis among social self-efficacy & other mental health domains

## Results

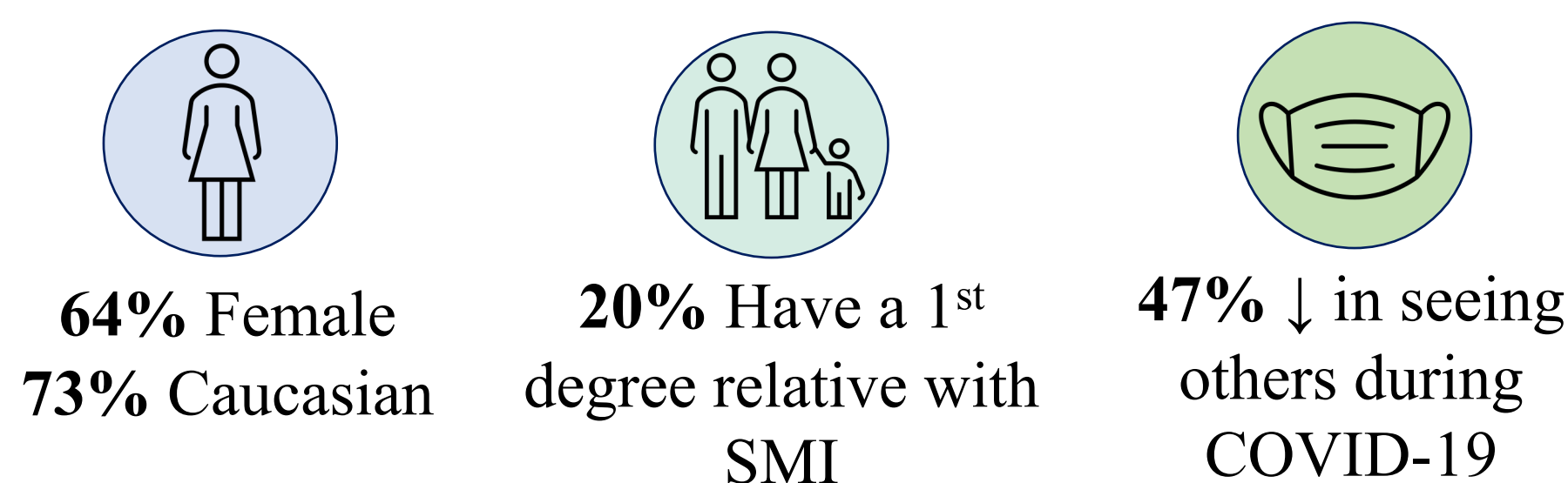
### Literature Review Outcomes

↓ Process Skills	↓ IADLs	↓ Social Participation
<ul style="list-style-type: none"> <li>• Decision making</li> <li>• Activity tolerance</li> <li>• Peer engagement</li> </ul> [4]	<ul style="list-style-type: none"> <li>• Employment</li> <li>• Community involvement</li> </ul> [14]	<ul style="list-style-type: none"> <li>• Motivation</li> <li>• Pleasure</li> <li>• Social functioning</li> </ul> [4],[6]

### Sample Characteristics

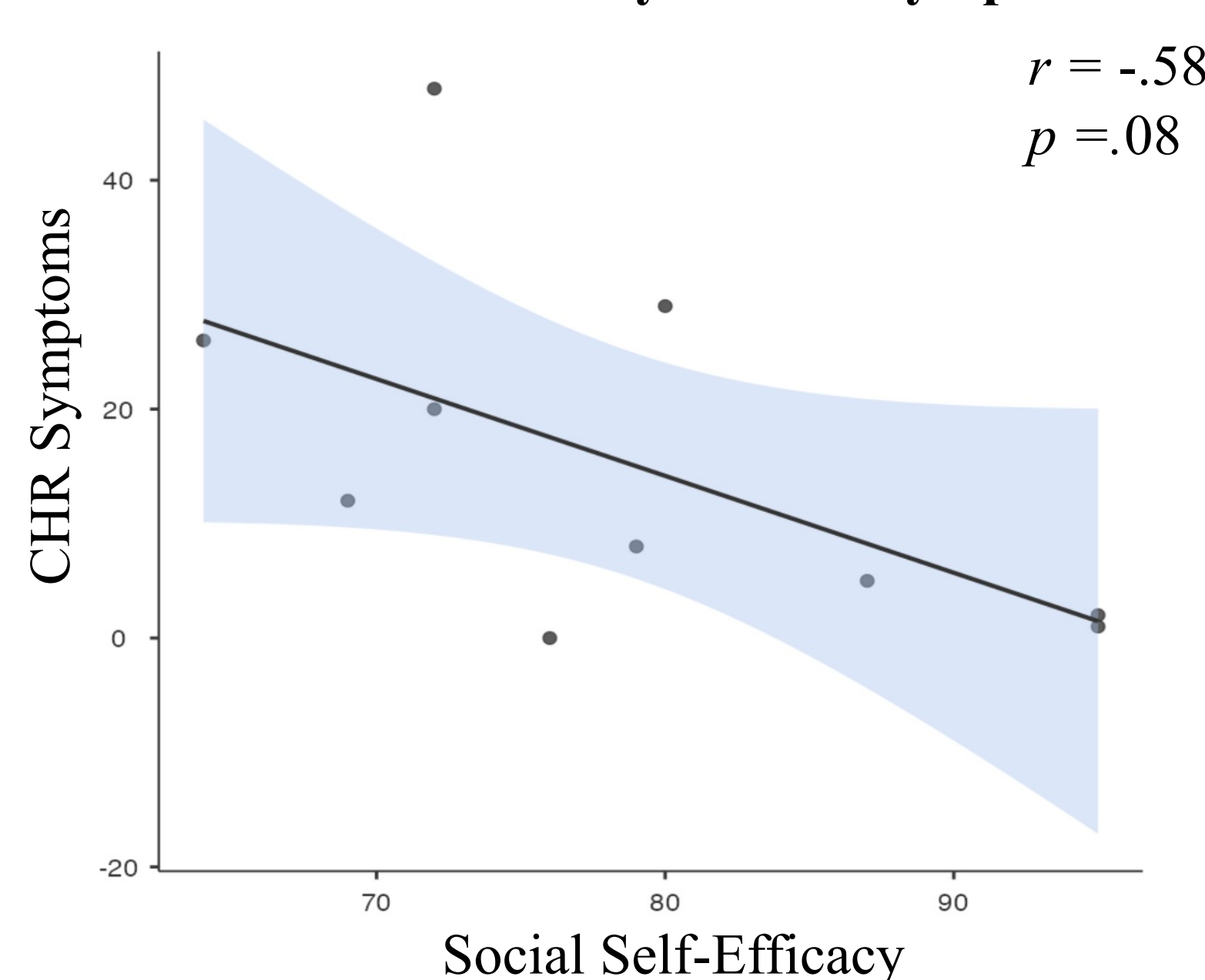
	Mean	Range
Age	38.4	22 - 63
Age of initial mental health tx.	21.5	9 - 56

### Participant Self Report

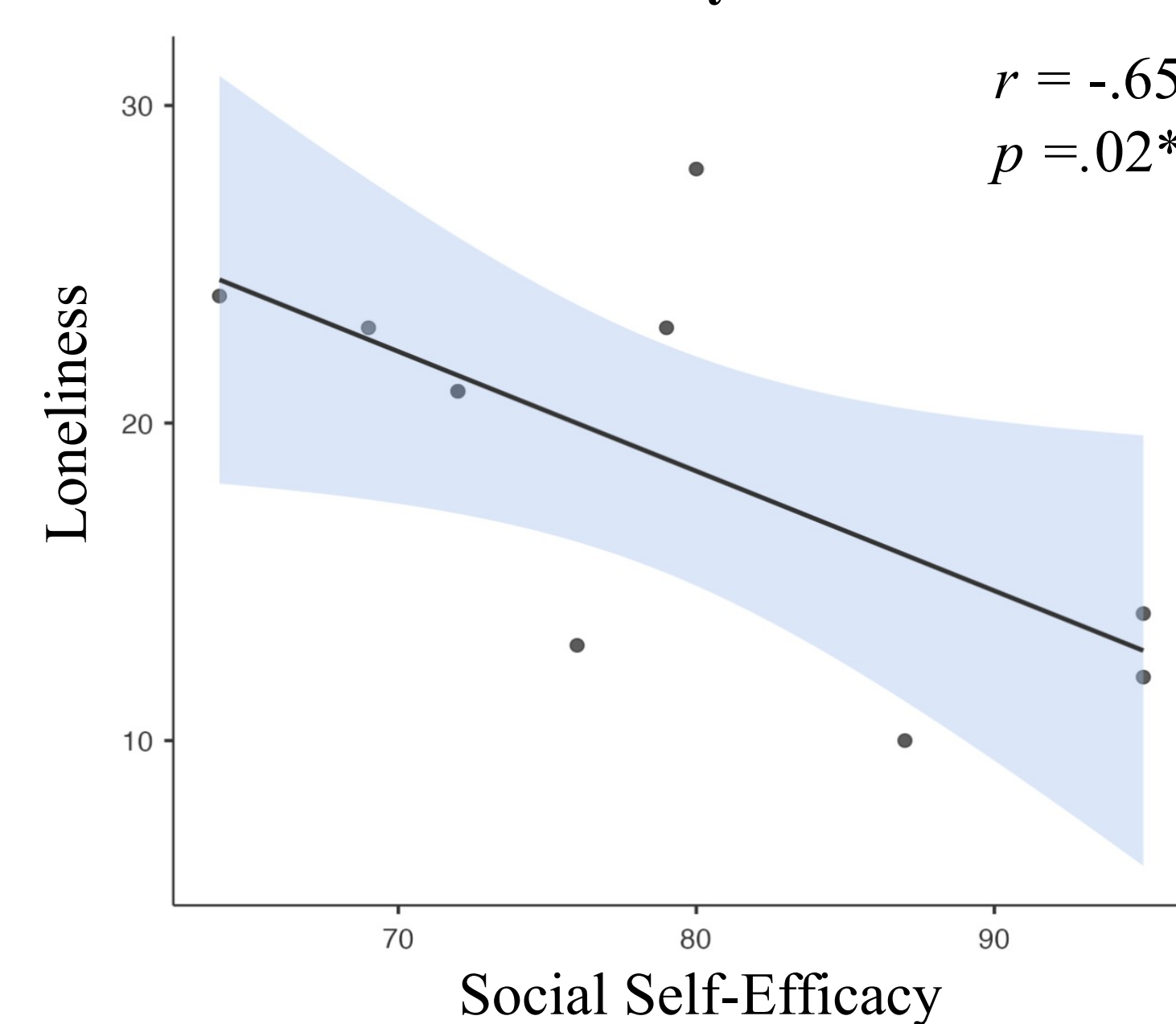


Assessment	Mean (SD)	Scale	Higher scores indicate:
CHR Symptoms	15.1 (15.6)	1 - 48	more severe CHR symptoms
Social Self-Efficacy	78.9 (10.6)	64 - 95	greater perceived ability to complete social tasks
Loneliness	18.9 (6.12)	10 - 28	higher levels of loneliness
Depression	6.20 (6.86)	0 - 21	greater depression symptoms
Social Anhedonia	8.50 (3.84)	2 - 14	more social anhedonia

### Social Self-Efficacy & CHR symptoms



### Social Self-Efficacy & Loneliness



### Correlational Matrix

		Social Self-Efficacy	CHR Symptoms
CHR symptoms	r	- 0.576	—
	p	0.081	—
Loneliness	r	- 0.652*	0.654*
	p	<b>0.021</b>	<b>0.040</b>
Depression symptoms	r	- 0.353	0.606
	p	0.317	0.064
Social Anhedonia	r	- 0.105	0.991*
	p	0.210	<b>0.017</b>

Note. \* $p < 0.05$

## Discussion

- ↑ Social self-efficacy was related to less loneliness and possibly less severe CHR symptoms
- ↑ CHR symptoms were related to ↑ feelings of loneliness
- Challenges in social participation occur in CHR & have a **direct impact on occupational engagement** [3]
- Social self-efficacy may inform OT practitioners & the client in their ability to engage in meaningful social activities

### Strengths:

- Assessments included a wide scope of co-factors that contribute to feelings of loneliness, isolation, and social self-efficacy

- New study type/population that has been understudied in OT

### Limitations:

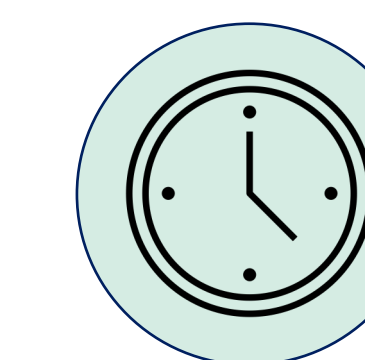
- Small sample size, suggesting we were underpowered to detect significant results & possibly due to restrictions from COVID-19
- Low diversity in participant age, gender, and ethnicity

## Conclusion & Future Implications

- One step towards bridging the knowledge gap of evidence-based practice in specialized mental health constructs & OT
- Meaningful social participation is an area of practice for OT, especially in mental health settings
- Results indicate the PSSE scale can be used to support clients that have ↑ feelings of loneliness
- There is a call for OT to be legally considered allied mental health professionals - evidence shows OT intervention can:



↓ Illness progression & cognitive decline



↓ Recovery time [13]



↑ engagement in work, school, & social tasks

- OT practitioners have the skills necessary to provide evidenced-based and client-centered practice at specialized care clinics [7]
- **Until mental healthcare practice settings include occupational therapists, there will continue to be a gap in practice**

## References & Acknowledgements

Thank you to Halley Read, OT, for her guidance & future collaboration on an advocacy article on OT practice in specialized mental health care clinics!

References & Qualtrics Survey

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