



Enhancing Social Participation through
Occupation-Based Interventions
in Severe Mental Illness:
A Pilot Study

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Severe Mental Illness (SMI)

Multidimensional condition affecting social and occupational domains

Disruptions in relationships and societal roles

Cognitive impairments limit community participation



Occupational
Therapist



Enhancing
performance
and promoting
autonomy

KAWA MODEL

RIVER WATER
(Life Energy & Flow)

ROCKS
(Obstacles & Challenges)

DRIFTWOOD
(Assets & Resources)

RIVER WALLS/BED
(Environment & Context)



- A diagnosis of chronic mental health disorder based on DSM-5 criteria
- Age between 18 and 65 years
- Fluency in Turkish, and sufficient cognitive and communicative abilities to participate in semi-structured interviews.

Single-group pre-post
design
8 participants



- Individuals were excluded if they had cognitive impairments that could hinder participation, experienced acute psychiatric episodes requiring hospitalization within the past six months, or were actively engaged in substance abuse.

1. KAWA Model-Based Assessment:

Life River, visualizing flow, rocks, and driftwood.

Used for goal-setting and monitoring subjective change.

10 sessions
(90 mins each)

3. Community Integration Questionnaire - CIQ

Assessing: Home integration, Social integration, and Productivity.

2. WHOQOL-BREF (Quality of Life)

Domains: Physical, Psychological, Social, Environmental.



4. Real-Time Reflections

Immediate post-session qualitative feedback.

"What are your thoughts on today's session?"

"Can you summarize your feelings, thoughts, and key takeaways from this session in one sentence?"



Self-Awareness (Weeks 1-2)

Kawa drawings. Identifying personal rocks and meaningful occupations.



Social Communication (Weeks 3-4):

Six thinking hats. Active listening and strategic problem-solving.



Emotional Expression (Weeks 5-6):

Drama and movement. Connecting physical movement with emotional awareness.



Daily Living Skills (Weeks 7-8):

Budgeting, Shopping, Cooking. Independent decision-making and task sequencing.

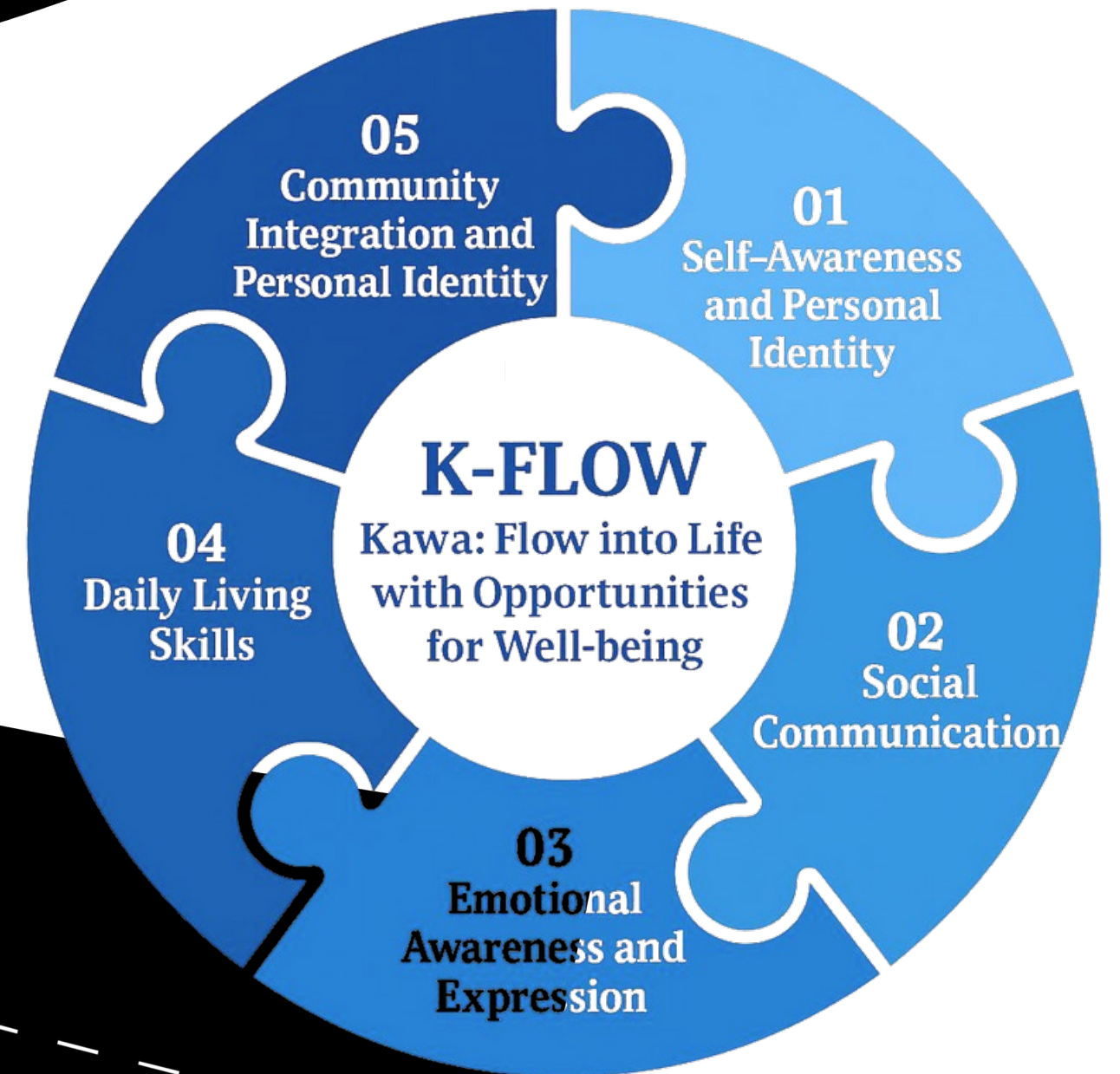
Community & Future (Weeks 9-10):

Visualizing progress and setting future social goals.

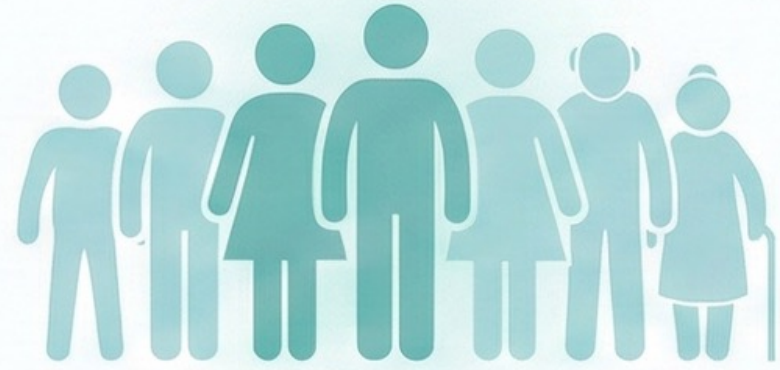


Closure (Week 11):

Consolidating the sense of belonging.



USER DEMOGRAPHICS OVERVIEW



GENDER & AGE DEMOGRAPHICS

5 Female | 3 Male
♀ ♂

Age: Median 37
(Range: 22–65)

Education: Diverse
(High School to
Bachelor's)



CLINICAL PROFILE

Diagnoses:
Schizophrenia (37.5%)
Mood Disorders (37.5%)
Other (Depression,
OCD)



SOCIAL & OCCUPATIONAL STATUS

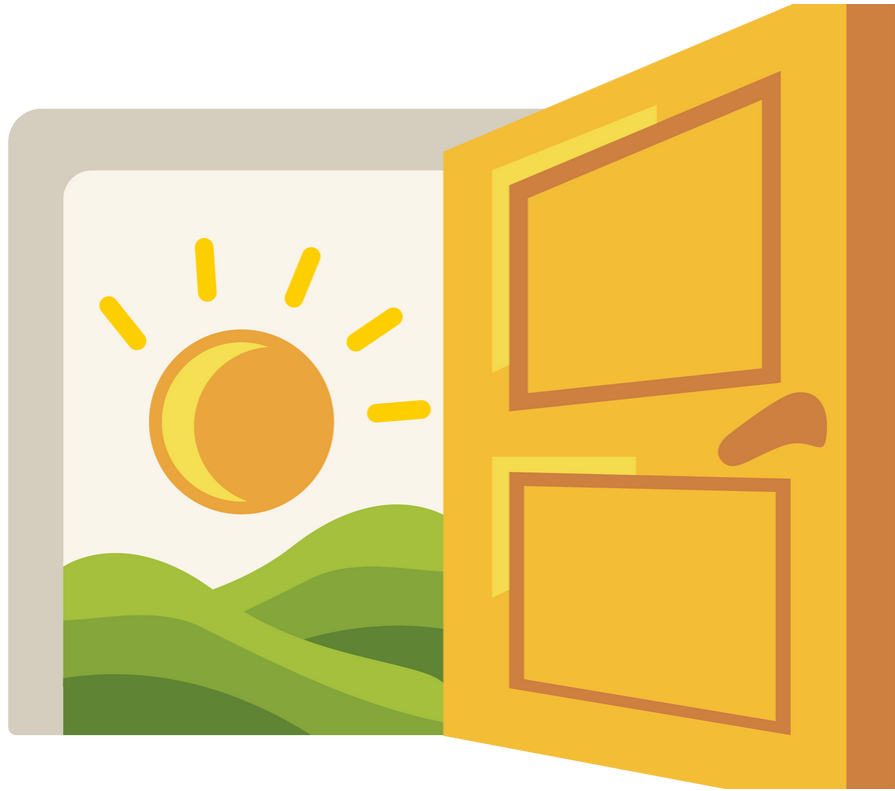
Employment: 75%
Unemployed
Living Situation: 87.5%
Living with Family

Result

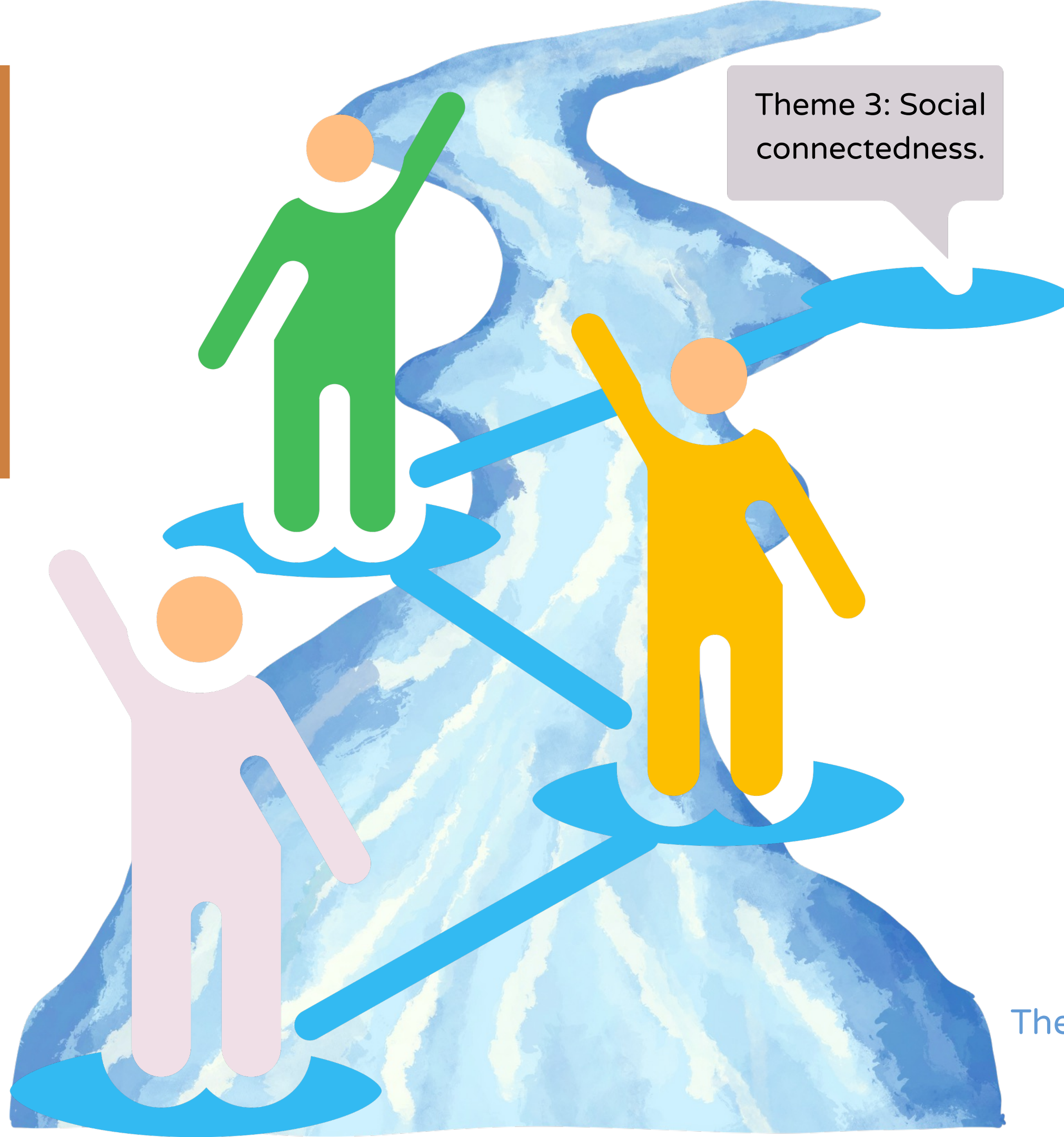
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Positive upward trends observed in physical, psychological, and environmental domains.

p	Assessment	Pre-intervention	Post-intervention
0.017	CIQ-total	9.38	11.50
0.026	CIQ- Social integration	4.38	5.63
0.018	Whoqol- Social Relationships	40.63	57.30

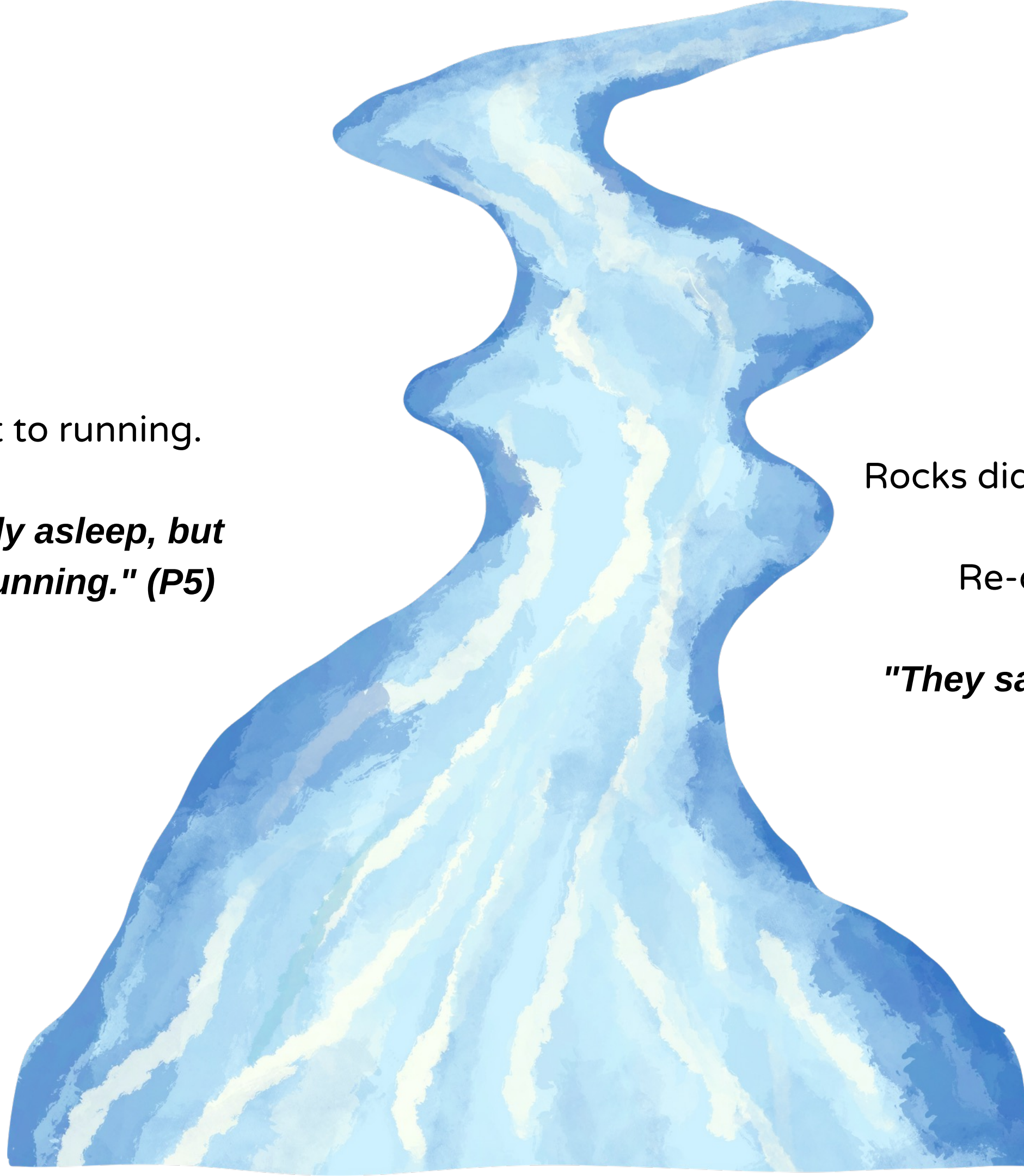


Theme 2: Better understanding of rocks.



Theme 3: Social connectedness.

Theme 1: Increased life flow.



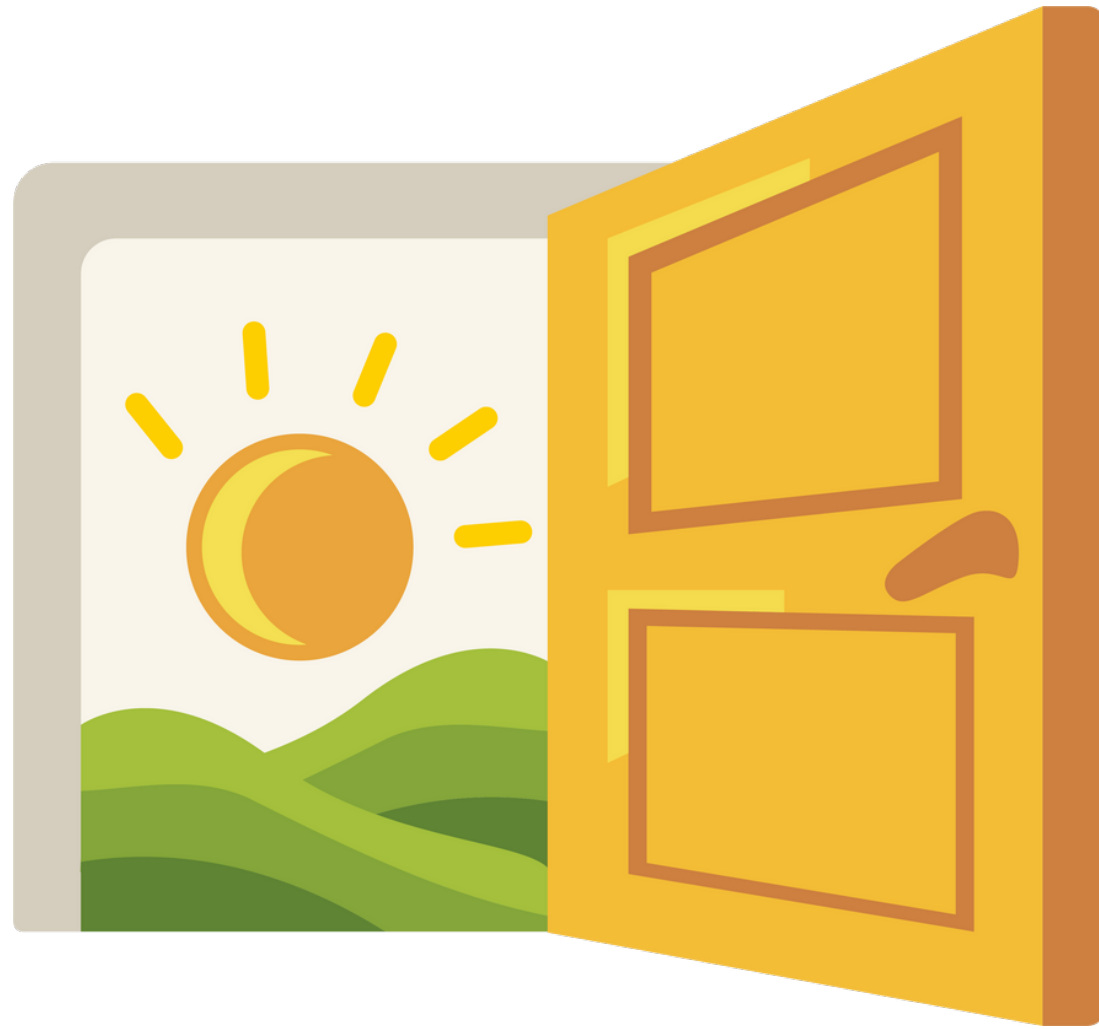
Shift from stagnant to running.

"I was psychologically asleep, but now I feel like I am running." (P5)

Rocks did not disappear, but moved deeper.

Re-discovered strengths.

"They said I'm funny... I realized it matters."



Widened spaces = New opportunities for flow.
Physical environment remained constant.
Perceived environment expanded.

"Being in this group made me feel like I was part of something again." (P3)

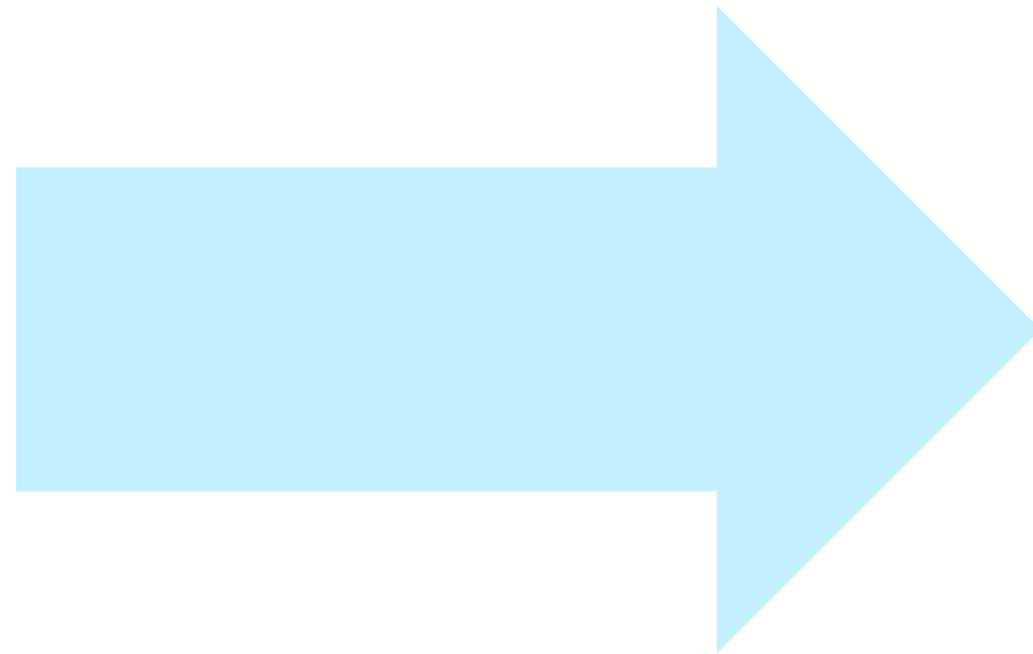
- K-FLOW intervention successfully converted clinical stability into social participation.
- Intervention enhanced participation and well-being.

- Reclaiming social roles is essential for quality of life.
- Occupation-based, culturally sensitive metaphors are powerful tools for recovery.





Future Direction



- Need for larger studies grounded in lived experiences.
- Need for randomized controlled trials validate this flow.

Thank YOU



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