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Review Article

Reablement in mental health: A scoping review

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Abstract

Background
Mental health conditions, including anxiety, depression, psychosis, and schizophrenia, significantly impact global well-being. Reablement— a goal-oriented, time-limited, multidisciplinary intervention—supports independence and reduces reliance on long-term care services. However, its role in functional (non-organic) mental illness is unclear, and evidence remains limited.
Aim: This scoping review aimed to map existing research on reablement for people with functional mental illness. The objectives were to identify diagnoses involved, evaluate mental health outcomes, explore user experiences, and highlight knowledge gaps for practice and policy.

Method
The review followed the Joanna Briggs Institute methodological framework. Searches were conducted in Ovid Medline, Ovid Embase, Ovid Emcare, PubMed, and Cochrane, supplemented by non-indexed sources. Studies were eligible if they involved community-dwelling adults with functional mental illness or reported mental health outcomes of reablement. The selection process for eligible studies followed the Prisma 2020 flowchart procedure. Two reviewers independently screened and extracted data. Findings were reported using descriptive synthesis, and qualitative data were analysed thematically.

Results
Seven studies met the inclusion criteria: five quantitative, one qualitative, and one mixed-methods. Diagnoses identified included psychosis, depression, anxiety, and schizophrenia. Reported outcomes suggested potential benefits in independence, quality of life, hope, empowerment, and family relationships, though effects were inconsistent. Thematic findings indicated that empowerment, flexibility in delivery, and social or family support positively influenced experiences. Evidence was heterogeneous, and few studies focused specifically on mental health populations, limiting generalisability.

Conclusions
Reablement appears to hold promise as a recovery-oriented, community-based intervention for people with functional mental illness. However, current evidence is sparse and lacks diagnostic specificity.

Future research
Robust, controlled studies are needed to determine effectiveness, refine delivery models, and guide clinical and policy decisions.

Keywords: *Reablement, Functional mental health, Mental health outcomes, Community mental health intervention, Restorative care.*
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Introduction

The well-being of an individual comprises two main components – physical health and mental health, and together they play an integral role in how an individual manages their life (1). Difficulties in either one of these factors can affect well-being. Mental health continues to be commonly addressed, and global attention is being paid

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to the promotion of mental health, particularly after the COVID - 19 pandemic (2). The World Health Organization (WHO) describes a mental disorder as a cognitive, emotional regulation, or behavioural problem that is clinically serious for the individual, often causing distress or impairment in critical functional domains (3). Research has shown that 970 million people, or 1 in every 8 people, are living with a mental illness globally, with anxiety and depressive disorders found to be the most common (4). In England alone, there has been a widespread increase in the reporting of mental health problems between 1993 – 2014 (5).

Developing a mental illness can be due to both organic (i.e., biological cause) and non-organic reasons (i.e., absence of a specific or particular biological reason (6). Mood disorders such as anxiety and depression, panic disorders, bipolar affective disorders, and post-traumatic stress disorder (PTSD) are some of the most common examples of non-organic, also known as functional mental health disorders. Various factors interact and influence the development, progression, and recovery of a mental illness (7). Several pharmacological and non-pharmacological interventions are used to prevent, treat, and support recovery from mental illness (8). While emphasis continues to focus on interventions that support both personal and clinical recovery in mental health (9), reablement, which is integrated within the social and healthcare sectors (10), is one model that holds potential.

Reablement, otherwise referred to as restorative care, is a multidisciplinary, time-bound intervention that takes place in the user's place of residence and in their community. In a Delphi study, reablement was defined as "an elaborative and inclusive approach that is individually tailored and set with the goals of improving functional activities and physical level to promote the user's independence in engaging in meaningful activities of daily living. It is offered to users irrespective of a diagnosis and age following a comprehensive multidisciplinary assessment and development of individualised goals that are implemented through a coordinated care plan (11). There has been continuous improvement in reablement practice with an approach that varies with context. This development has led to the current model of reablement, which continues to be of scientific interest to researchers across different disciplines (12). Further, there is ambiguity on the effectiveness of reablement in the longer term, but several studies have shown that reablement has largely reduced hospital readmission, need for care services (10,13,14,15), and the subsequent cost savings associated with it (16).

While reablement may be considered as a suitable intervention for anyone (17), in a study (18), it was reported that diagnosis is an important determinant of reablement outcomes and intervention optimization. Recently, there has been a research surge investigating reablement effectiveness (19); however documented evidence base of its effectiveness remains inconsistent and debatable (20,21), particularly with diagnosis-specific benefits and in what capacities (10,22). Reablement is often excluded or not focused on individuals with mental health problems (23,24). Some reablement studies have reported on mental health and the importance of data collection to assess mental health outcomes[15].

To the best of the authors' knowledge, after exhaustive search, there are no studies known to have been conducted systematically to investigate reablement in functional mental illness, mental health outcomes, and document the experiences of users with functional mental diagnoses. A systematic study in 2021 had recommended that evidence mapping to explore outcomes of reablement would be beneficial to develop measurable interventions (19). This scoping review is therefore being conducted to map the literature on reablement for people with functional mental illness, and/or mental health outcomes, to elaborate on existing knowledge in tailoring interventions in mental health recovery, and to also understand reablement in mental illness through the experience of these population groups. Lastly, the study also aims to identify the area of knowledge gaps for policymakers, practicing professionals, and researchers in the field of reablement. For this study and clarity, the term 'functional mental health disorder' will be used hereafter to refer to non-organic mental health illnesses.

Research questions for this study

The research questions for this study are (1) Which diagnoses of functional mental illness have been explored in the reablement studies? (2) What are the mental health outcomes of participating in reablement? (3) What are the experiences of participating in reablement? (4) What is the knowledge gap regarding reablement in mental illness?

Material and methods

This scoping review was conducted following the approach that was initially designed by Arksey and O'Malley and refined by Peters et al.(25,26). This study seeks to map the different diagnoses of functional mental illness that have received reablement intervention, the mental health outcome of participating in reablement, capture experiences of people with functional mental illness who received reablement, their carers, and professionals involved in their care intervention, and identify knowledge gaps and implications for reablement practices in mental illness and future research. The nine steps of the methodological framework of evidence synthesis by the Joanna Briggs Institute [25] was used to

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conduct this study to allow for a thorough investigation of reablement in mental illness.

Protocol and registration

A protocol was developed in accordance with the methodological guidance of the Joanna Briggs Institute, and it was registered with the Open Science Framework. This study protocol was registered with the Open Science Framework. Registration number: https://doi.org/10.17605/OSF.IO/H8K4V

Eligibility criteria

This study included both peer-reviewed and non-peer-reviewed studies; there was no restriction on study design, and the year of publication was searched from 1974 to 2024. Reablement or restorative care studies that focus on functional mental illness or report on mental health outcomes were included. Other studies that are not labelled as reablement or restorative care, but the approach used is time-bound, targeted, and goal-oriented, aimed at maintaining or improving functional mental health outcomes, were included. Studies published in languages other than English were excluded. This scoping review only includes reablement studies that focus on functional mental illness diagnoses like depression, anxiety disorders, OCD, PTSD, etc. Studies that focus on dementia or other organic illnesses were excluded. Only papers where the included participants lived in the community, in supported living accommodation, residential care, or nursing homes were included. Studies conducted in acute care settings were excluded. There was no restriction on the age of participants in the studies. The studies included in this study have been published between the years 2017 and 2024.

Information sources

Electronic databases that were searched include Ovid Medline, Ovid Embase, Ovid Emcare, Cochrane, and PubMed. The final search was conducted on the 21st of March 2024. Identified relevant studies that are not indexed in the selected databases were also considered. In order to accurately locate relevant information, the Population, Concepts, and Context (PCC) framework was used to guide the searching. For the 'population', terms included were depression, anxiety disorders, obsessive-compulsive disorder (OCD), PTSD, mental disorder, mental illness, substance-related and addictive disorders, bipolar affective disorder, dissociation and dissociative disorders, paranoia, psychosis, and schizophrenia. These terms were chosen based on the International Classification of Diseases manual (ICD-10). For the 'concepts', terms such as home care, reablement, restorative care, reactivation, and re-ablement were used; and for the 'context', terms such as community-dwelling, home dwelling, and independent living were used. An experienced librarian was contacted for the conduct of this search. The result of this search was documented and imported into Mendeley, where duplicates were removed, screened, and necessary data were extracted. The result of the search is attached to the appendices of the study.

Search

A comprehensive search was conducted in the above-listed databases. In Embase, we use both the entire subject's headings and free test time to identify relevant literature to mental health disorders. We used the terms psychosis, obsessive-compulsive disorder, schizophrenia, stress disorders, mental illness, and substance misuse disorders. These terms were used in combination with keywords and subject headings restorative care, reablement, home care, homecare services, reactivation. We further refined using the terms related to independent living, community-dwelling, or home-dwelling population. The three concept groups were combined using Boolean operators such as OR within groups and AND between groups. 627 records were retrieved.

Data charting process

Extraction of data was done by two reviewers independently; this was then compared to reduce errors, and areas of conflict were resolved. Extracted data include author information, publication year, study originating country, the objective of the study, study design, sample size, types of mental illness diagnosis, intervention approach, and mental health outcome measures. Data extraction for this study was completed on 28/02/2025. A basic descriptive analysis of this extracted data was mapped and presented in tables, graphs, and texts. A standardised data extraction file was piloted before use. The PRISMA 2020 guidelines were used for results reporting, and a PRISMA 2020 checklist was used for summary presentation.

A thematic analysis of the user's experience was done by capturing qualitative data. Codes were developed to describe the aspects of users' experience of what matters to them in the reablement process, with reviewers not looking for themes beyond the context of the available data. The identified codes were grouped, reviewed, synthesized, and used in summarising experiences of participation in reablement in functional mental illness in a narrative format. This part was done by both authors.

Data items

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The following variables were systematically extracted from each of the included study, characteristics (the author's name, country of origin, study objectives, study design), participant characteristics (age of the participant, functional mental health diagnosis, their living context), intervention characteristics (type of intervention, duration of intervention, professional involved, mode of delivery), outcome measures (mental health outcomes, tools used to assess mental health, qualitative data that described the experiences of the participants, their families and professionals involved). The assumptions were made when reablement was not explicitly mentioned in the studies selected, but goal-oriented and time-bound interventions were delivered to improve functional and mental health outcomes.

Synthesis of results

At the first round of screening, 1202 studies were identified from databases, screened using abstracts and titles, leaving 58 potential studies for further screening. In the second round of screening, a full-text screening of 57 identified articles was conducted, as one of the articles' full texts couldn't be retrieved, resulting in 7 studies being included in this study—several of the reablement studies excluded from the screening process focused on organic causes. Using a PRISMA flow chart, Figure 1 shows the procedure of study selection. The results of the study are presented both in a descriptive and a narrative format.

Results

Selection of sources of evidence

A two-stage screening process was conducted independently by two reviewers – B.O and D.V. At the first round of screening, 1202 studies were identified from databases, screened using abstracts and titles, leaving 58 potential studies for further screening. In the second round of screening, a full-text screening of 57 identified articles was conducted, as one of the articles' full texts couldn't be retrieved, resulting in 7 studies being included in this study. Several of the reablement studies excluded from the screening process focused on organic causes. Using a PRISMA flow chart, Figure 1 shows the procedure of study selection.

Figure 1: Procedure of studies

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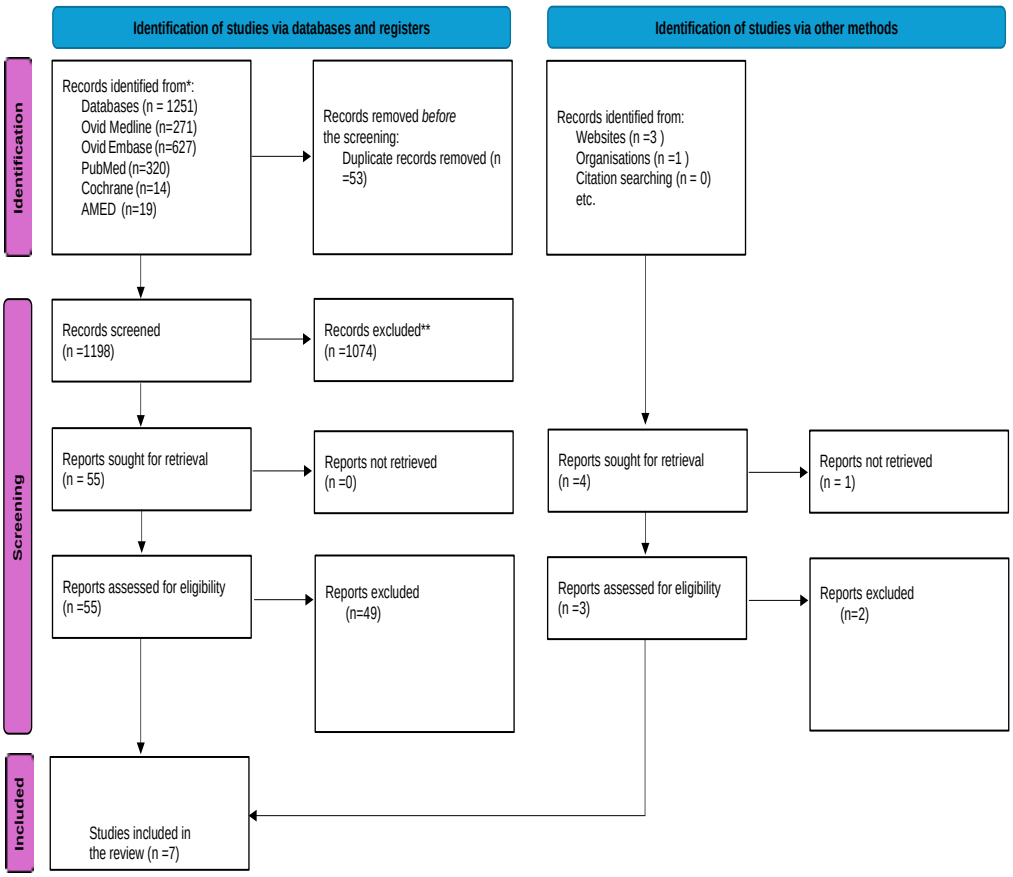

Publications inclusion characteristics

This study included seven papers (17,23,27-31). In Table 1, the characteristics of the included studies are presented. All the studies included in this paper were published in English, with five of the studies emanating from Europe (17,23,27-29), one from Australia (30), and one from Asia (31). The countries from where the studies have originated have been graphically presented in Figure 2. The studies included were empirical, with five of them being quantitative (23,27,29-31), one mixed study (28), and one qualitative study (17). The studies involved in this paper have all been published in the past 10 years, specifically between 2017 and 2024, indicating the developing interest in this area.

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Table 1: Inclusion characteristics of the studies included

Authors	Year	Name of the study	Emanating Country	Objectives	Study design	Outcome	Diagnosis
Jerry, T., Gillian, P., Vicky, N., and Hanse, C.	2017	Family-inclusive approaches to reablement in mental health.	England	To examine the relationships between context, mechanisms of change, and outcomes.	Realist evaluation study.	Narrative accounts were obtained using open-ended questions focusing on family context, changes, and outcomes. Systematic overview of the outcomes: scorecards completed by the service users and the family members (how they perceived the service user's situation before and after the family involvement. The difference in scores provided a measure of change.	Psychosis Depression Other mental health
Tuntland, H., Kjeken, I., Langeland, E., Folkestad, B., Espehaug, B., Forland, O., and Aaslund, M, K.	2016	Predictors of outcomes following reablement in community -dwelling older adults	Norway	To determine the potential factors that predict occupational performance and satisfaction with that performance at 10 weeks of follow-up.	A prospective cohort study.	Dependent variables: Occupational performance COPM – P and satisfaction with performance COPM – S. COPM scores at 10 weeks follow-up were used as dependent variables. Predictor variables: -Three different instruments were used to gather individual functional data at baseline. 1. Baseline scores of COPM- P and COPM – S were used as independent variables. 2. Short Physical Performance Battery – a physical test for balance, walking, and muscle strength. 3. European Quality of Life Five-dimension level scale (EQ- 5D- 5L) to measure health-related QoL.	-Anxiety and Depression
Seberg. M. and Eriksson. B.G	2018	Reablement in Mental Health Care and the Role of the Occupational Therapist: A Qualitative Study	Norway	What is meant by reablement in mental health care? How can occupational therapists contribute to the process of reablement for people with mental health problems?	Qualitative and descriptive method	The nature of reablement An untapped resource Focus on everyday life The importance of time and a time frame Activity and socialisation generate mastery Towards empowerment and mastering the self The importance of social network The occupational therapist's contribution to reablement Focus on common everyday activities within the user's area Assessment of resources and needs A person-centered approach towards mastery and independence.	Mental health

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Table 1: Inclusion characteristics of the studies included (Continuation)

Langland, E., Tuntland, H., Forland, O., Folkestad, B., Jacobsen, F.F., and Kjeken, I.	2019	A multicenter investigation of reablement in Norway: a clinical controlled trial	Norway	To investigate the health effects and cost-effectiveness of reablement compared with standard treatment in home-dwelling adults experiencing functional decline (specific questions; see paper)	Clinical controlled trial	Primary outcome assessed by the Canadian Occupational Performance Measure (COPM). -Activity performance -Satisfaction with activity performance. Secondary outcome -Physical health assessed by SPPB. -HRQoL assessed by EQ-5D -Coping assessed by SOC-13. -Positive mental health concept assessed by the MHC-SF form. Health care services and cost measures.	Anxiety/Depression Emotional, Social, and Psychological Well-Being
Ullrich, P., Werner, C., Schonstein, A., Bongartz, M., Eckert, T., Beurskens, R., Abel, B., Bauer, J.M., Lamb, S.E. and Hauer,K.	2022	Effects of a Home-Based Physical Training and Activity Promotion Program in Community-Dwelling Older Persons with Cognitive Impairment after Discharge from Rehabilitation: A Randomised Controlled Trial	Germany	To improve physical capacity, physical activity, and psychosocial status in older persons with mild to moderate cognitive impairment after discharge from geriatric rehabilitation.	Randomised Control Trial.	-Physical capacity was assessed by the Short Physical Performance Battery -Physical activity was assessed as the "active time" (duration of standing and walking using a validated monitor) -Psychosocial status was assessed using EQ-5D-3L, the Geriatric depression scale – short form, the Apathy Evaluation Scale – Clinical version, the fear of falling and related activity avoidance, the Short Falls Efficacy Scale International, and the Fear of Falling Avoidance Behaviour Questionnaire.	Anxiety and depression

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Wen-I Liu, Hseih, W., Lai, C., Liu, C., Tai, Y., and Liu, C.	2024	Effectiveness of a needs-tailored nurse-led recovery program for community-dwelling people with schizophrenia: a cluster randomised controlled trial	Taiwan	To assess the impact of a novel needs-tailored recovery program on various outcomes, including recovery, needs, hope, empowerment, medication adherence, and psychotic symptoms, among people with schizophrenia residing in the community.	A cluster randomised controlled trial.	Primary outcome Recovery (Questionnaire about the process of recovery developed and validated by Neil et el.(2009) Secondary outcome Needs (Camberwell assessment of Need) Hope (Herth Hope Index) Empowerment (Empowerment scale developed by Rogers et al. (1997)) Medication Adherence (Medication Adherence Rating scale developed by Thompson et al.(2000) Psychotic Symptoms (Brief Psychiatric rating scale developed by Overall and Gorham (1962)	Schizophrenia

Table 1: Inclusion characteristics of the studies included (continuation)

Falland, L., Henwood, T., Keogh, J. W., L and Davison, K.	2024	Prioritising restorative care programs in light of the current aged care reform.	Australia	To examine the effectiveness of the short-term restorative care (STRC) program, including the assessment battery, service type, and schedule.	Observational cohort study.	Isometric hand grip strength, the Geriatric Depression scale – short form GDS, the Geriatric Anxiety Inventory (GAI), EQ-5D-5L, and the Short Physical Performance battery. BMI calculated The 10-subitem, subjective MBI (Modified Barthel index) assesses dependency in activities of daily living, with a higher score of 100 indicating higher functional independence. The vitality quiz consists of five questions based on Fried's frailty phenotype.	Anxiety and depression

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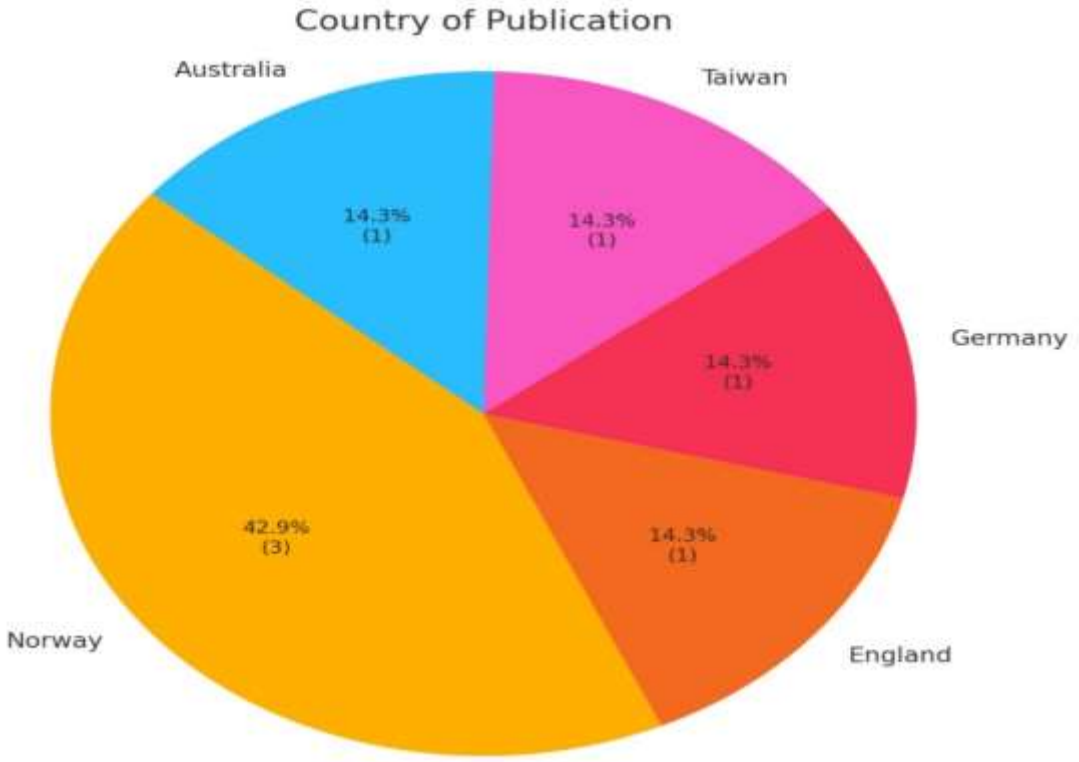
Figure 2: The pie chart shows the emanating countries of the studies included



Studies objectives align with the study's focus.

While the primary focus of this study is to scope reablement in mental health, the aims of the majority of the included studies (17,23,27-31) were broad and have focused on various objectives described in the tabular column in Table 1.

Only two out of the seven studies (29,30) were focused particularly on individuals over the age of 65. The remaining studies have recruited participants above the age of 18 (23,27), over the age of 20 (28), between 20- 64 years of age (31). One study (17) does not specify the age group of the individuals that the OTs supported during their reablement journey.

Mental health conditions

Two studies (28, 31) focused on the population with pre-existing mental health conditions, with another study (28) on psychosis, depression, and other unstated mental health conditions, whilst one study (31) focused on schizophrenia. One of the studies (17) focused directly on the role of reablement and the contribution of an OT within the reablement and mental health. Mental health conditions such as depression and anxiety were extracted in the remaining four studies (23,27,29,30) following reablement intervention outcome. Other factors associated with mental health, such as the emotional, social, and psychological well-being of an individual, have also been assessed alongside anxiety and depression in some of the studies included in this review. It is important to note that the participants in these five studies did not have any mental health diagnosis before participating in the study, but had reported having symptoms of a mental health concern on the outcome measures utilised in the studies.

Professionals involved in reablement in functional mental illness

The structure of the intervention in the studies included varied depending on the objective of the study, with 5

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studies (17,23,27,28,30) referencing their intervention either as reablement or restorative care, and 2 other studies (29,31) although didn't state their intervention as reablement or restorative care but was unanimously agreed by both reviewers (B.O and D.V) that the approaches were models of reablement. Most of the interventions in the selected studies were majorly led by a combination of allied health care professionals and nurses. One study (23) was led by physiotherapists, occupational therapists, nurse and social educators. In one of the included studies (27), a multidisciplinary approach was used, which is therapist-led (occupational therapist (OT) and physiotherapist) and includes other healthcare personnel- nurses, auxiliary nurses, social educators, home-helpers, and assistants. Another study (30) had a combination of occupational therapists, massage therapists, social workers, dietitians and health wellness promoters, nurses, support workers, and social educators. While in one other study (29), reablement was led by speech and language therapists, physiotherapists, OTs, and psychological and social support workers. In this study (17), it states that individuals with mental health problems received reablement, but as the study focuses specifically on the contributions of an OT within mental health reablement, other professionals' involvement in the reablement process was not stated. One study (31) was the only study out of the 7 studies included that was led by trained psychiatric nurses. Lastly, one included study (28) states that reablement intervention was carried out by mental health practitioners. The study, however, does not state the specific qualifications or designations held by these mental health practitioners. Five out of the seven studies (23,27,29,30) have involved a combination of the professionals mentioned above, and it has been difficult to elucidate whether the professionals have trained or practiced within the mental health context.

Outcome measures

The studies included have used various forms of outcomes to record both physical and mental health outcomes (Table1). Considering the objective of this study, the results solely focused on the mental health outcomes identified in the included studies. The mental health outcomes recorded in the five studies other than (17,28,31) were secondary outcomes or outcomes recorded alongside the physical health outcomes. One study (23) utilized the EQ-5D-5L to assess health-related quality of life (HRQoL) and Sense of Coherence (SOC-13) to assess coping. The studies (27,30) both utilised the EQ-5D-5L measure to assess HRQoL; in addition, one of these studies (30) used the Geriatric Anxiety Inventory (GAI) and the Geriatric depression scale – Short Form (GDS-SF) to monitor for anxiety and depression in the geriatric population. The study (29) utilised the EQ-5D-3L to assess HRQoL and the GDS-SF to assess for both anxiety and depression.

Of the studies focusing solely on mental health, one study (31) focused specifically on individuals with schizophrenia and utilized the Recovery questionnaire (32), Camberwell assessment of need, Herth hope index, Empowerment scale (33), Medication adherence rating scale (34), and Brief Psychiatric rating scale (35). One study (28) gathered qualitative data by using open-ended questions focused on context, change, and outcomes, and quantitative data by using scorecards completed by both the participants and their family members. Another study (17) interviewed OTs to gather qualitative information to capture their experiences to understand mental health outcomes for participants of reablement.

Participant experience

Two studies (17,28) presented qualitative outcomes in their findings. One of the studies (28) provided a good insight into the experiences of the participants and their families undergoing reablement, whereas the other study (17) provides an insight into the participant experience filtered through an OT lens. A common theme identified in both studies is 'empowerment', as the two studies highlighted the need to empower users of reablement for mental health recovery to take charge or ownership of their own lives. 'Time' was another theme that emerged from both studies. It is important to manage the timeframes required to deliver reablement, adjusting delivery times of reablement based on the needs of the individual. The OTs involved in the study (17) described that a limited or set time frame did not always allow the participant and professionals to build enough rapport to aid with engagement and recovery. Another common theme that evolved from the two studies was 'family and social support'. Key experiences highlighted in the study (28) were that the intervention allowed the participants to openly express their thoughts and feelings to resolve or mend disputes that were entrenched within the family. The involvement of the participant's family in the early stages of the recovery resulted in positive reablement outcomes. Further, in the other study (17), it was highlighted that reablement is a potentially suitable intervention for anyone with mental health problems, with the potential of avoiding hospital admissions. The study shed light on the importance of building or re-establishing an individual's social networks as a main way of improving their quality of life.

The study pointed out that the experience and knowledge of an OT helped to assess and plan interventions in a more comprehensive manner, well suited towards their users.

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Discussion

This scoping review was conducted to map out existing knowledge of reablement for people with functional mental health problems, with a focus on which diagnoses can be identified and the mental health outcomes of reablement engagement for these participants. While the study aimed at understanding the experiences of people with functional mental illness participating in reablement, it equally aimed to identify knowledge gaps in this context. To the best of the authors' knowledge, this is the first study conducted to systematically review reablement patterns in functional mental illness.

The studies included either focused on individuals with existing mental health conditions (17,28,31) or identified mental health outcomes such as anxiety and depression (23,27,29,30) after a period of delivery of reablement or a reablement form of care. Other outcomes, such as the emotional, social, and psychological well-being associated with the mental health outcome of an individual, have also been explored in some of the studies included in the review. Clearly, the screening process did not allow identification of many articles or studies in the literature that focused on both functional mental illness and reablement forms of recovery programmes, showing a dearth of knowledge - published research in this area.

Which diagnosis of functional mental illness can be identified in reablement?

Only seven studies (17,23,27-31) met the eligibility criteria within the context of reablement and functional mental health. Results showed that the use of reablement in supporting recovery from functional mental health diagnoses is still either not well studied and/or underutilized, as only psychosis, depression, anxiety, and schizophrenia were the only diagnoses that could be identified. Other factors, such as emotional, social, and psychological well-being, were noted in reablement outcomes for people with functional mental illness. Within this study, two studies (28) and (31) were the only studies that included participants with pre-existing functional mental health conditions. In this particular study (31), a program was developed and individualised to identify and promote the recovery of people with a schizophrenia diagnosis, living in the community, and led by trained nurses. On the other hand, this other study (28) used psychologically informed approaches to deliver interventions for individuals who experienced psychosis, depression, and other forms of mental health, their families, and their practitioners. Other remaining studies measured anxiety and depression in relation to health-related quality of life or as a result of the standalone measure used in the studies to evaluate the effect of reablement. A diagrammatic representation of the various functional mental health diagnoses is shown in Figure 3. Findings from this current study suggest functional mental health conditions appear to be very sparsely involved in reablement models, and it has been hard to pinpoint a specific functional mental health diagnosis that was consistently considered for reablement programmes. In other words, reablement services were not generally noted to be applied or offered to individuals with functional mental health illnesses. This might likely be due to a lack of sufficient or limited evidence evaluating the effectiveness of reablement in functional mental health, as reported in a study (15); the study was unable to recognise any study that measured the association between reablement outcomes and mental health.

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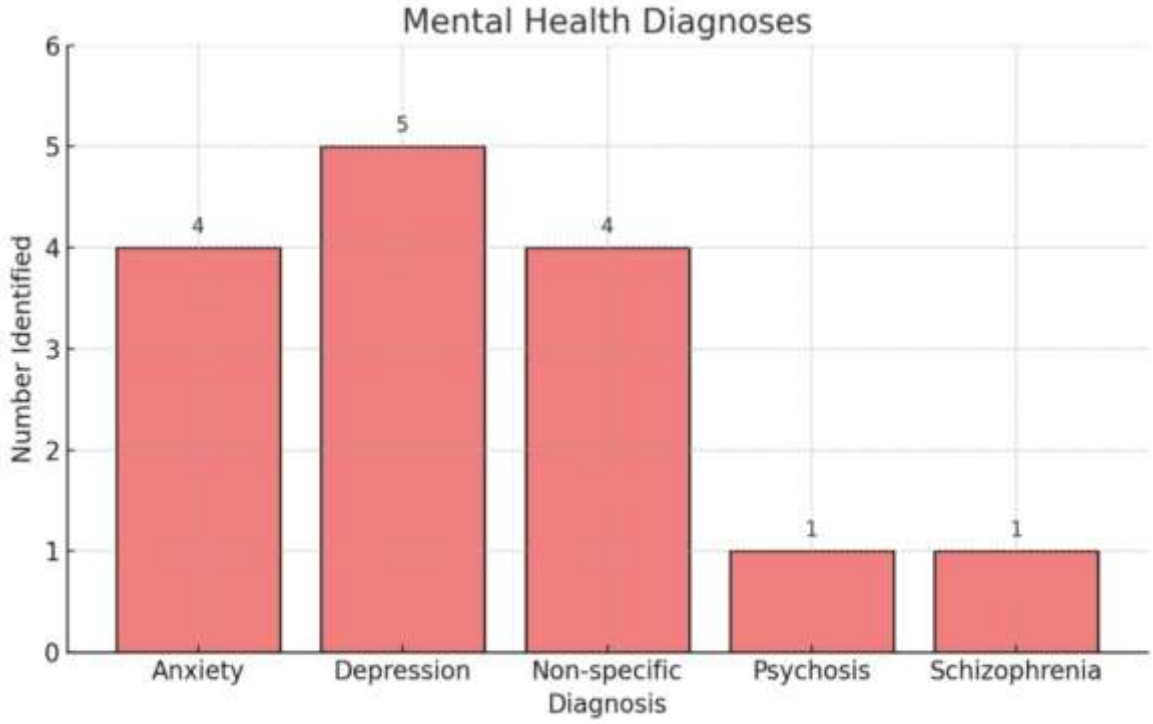
Figure 3: The graph shows the number of various functional mental health diagnoses



What are the mental health outcome effectiveness in participating in reablement?

Participation in reablement may offer some benefits when it is offered to people with a diagnosis of schizophrenia. For instance, one study (31) suggested that reablement could enhance outcomes in comparison to traditional home care. Further, it promotes independence, reducing users' needs while aiding better recovery rates alongside hope and medication adherence. Considering the level of evidence, with only one study reporting reablement interventions for people with schizophrenia, these assertions still require further investigation. However, the improvement in independence aligned with the core contents of the operational definition of reablement (11). There were, however, no notable differences in empowerment and psychotic symptoms reported for people with schizophrenia. One of the studies (31) provides an insight into how reablement interventions could enhance and support better recovery outcomes in patients with schizophrenia.

In this scoping review, one of the included studies (28) focused on understanding the influence relationships can have on creating or hindering change, and its effect on reablement outcomes. Different family-inclusive approaches delivered in the study showed the ability to produce substantial reablement outcomes. These were achieved when families developed a shared understanding of mental health issues and coping strategies. This allowed better communications and helped rebuild relationships between the participant and their families, further providing the participant to regain control and self-initiate within the context of their families and rehabilitation. This open communication is an important feature in patient-centred care (36). Insufficient outcomes were identified when relationship issues were deeply rooted within families, and unsettled matters within the families were the cause of the onset of the mental illness. The study showed that the significance of collaborative work in the triangle of care (between patients, their families, and mental health professionals) can have on better outcomes and recovery. Collaboration has been documented as a positive and challenging factor in attaining reablement goals (37,38). Studies in the past have elucidated the importance of social networks and the factors that individuals use to engage with their social networks, to support their crisis, treatment, or recovery from mental health illness (39). Further, delivery of family involvement reablement models during acute mental

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health phases has been well documented (40), highlighting the pros and cons of having family involvement in patients' care.

Other than four studies (17,28,31), the remaining studies have used outcome measures to gauge the changes in mental health of reablement users without a background diagnosis of functional mental health conditions. The studies employed a range of outcome measures such as the EQ-5D-3L, EQ-5D-5L, geriatric anxiety inventory (GAI), and geriatric depression scale (GDS) that screen mainly for anxiety and depression. One study (23) used the EQ-5D-5L to assess mental health outcomes. The study did not show any statistically significant difference in the anxiety/ depression domain between the intervention and the non-intervention group. Similarly, this study (27) utilised EQ-5D-5L to assess occupational performance and satisfaction with that performance (both factors being the dependent variable) between two groups receiving reablement or standard health care services. The study showed that having anxiety or depression predicted poorer outcomes in occupational performance and satisfaction. Another study (30) again used the EQ-5D-5L, GDS- SF, and GAI measures to gauge the influence short term reablement can have on anxiety and depression. Outcomes from this study reported significant improvements in the mental health aspects after completing the restorative program. Lastly, one study (29) utilised the EQ-5D-3L and GDS-SF and reported no significant effects on the mental health aspects and attributed the small associations identified to be possibly related to the fear of falling.

Both EQ-5D-3L and EQ-5D-5L are standardised outcome measures that assess health-related quality of life in five different domains, namely mobility, self-care, usual activities, pain and discomfort, and anxiety/ depression (41). The precision, sensitivity, and validity of EQ-5D-5L have been studied to be better than those of EQ-5D-3L, allowing the results to be generalisable for intervention studies (42). The GAI questionnaire used in the study (30) is a 20-item self-report questionnaire used to screen for anxiety and worry in the geriatric population (43). This measure is validated, and the psychometric properties of the scale make it a desirable measure (44). The GDS- SF is a 15- item screening tool with high validity and reliability for identifying depressive symptoms in the geriatric population (45). The use of the GAI and GDS-SF tools in the studies alongside the EQ-5D measures strengthens the value of the results identified in those studies. It is important to however note that the mental health outcomes identified in the studies are not a formal diagnosis but provide an insight into the implications of engaging with a reablement form of program.

One of the studies (17) did not work directly with the participants with mental health concerns or did not use any outcome measures to capture any mental health outcomes as a result of the intervention they received.

What are the experiences of participating in reablement for people with mental illness?

Two studies (17,28) captured the experiences of participating in reablement for people with functional mental illness. Although the reablement users themselves were not involved in one of these studies (17), the study aimed to illustrate the reflections and experiences of those users with mental health problems. Themes that emerged from this study include 'empowerment' and 'independence'. Reablement helped participants to practice and master their skills in their everyday environment with the support they received. This allowed them to become more independent and strengthened their ability to cope with their day-to-day life. This again correlated with the participants' ability to self-initiate and motivate themselves to keep up with the function that they had restored, thereby building self-confidence. This aligned with a study that reported that a major focus of reablement is independence promotion around activities of daily living for participants (10). This included study (17) highlighted independence and empowerment as benefits of taking part in reablement while stressing the time flexibility that is required with the reablement approach within mental health.

'Family dynamic' is another theme that emerged from this review. Participants who engaged in another included study (28) received a family inclusive approach as a reablement intervention, which showed that reablement helped to rebuild relationships. Importantly, the study highlighted that reablement outcomes were dependent on family dynamics. The space created to allow participants and their families to voice their thoughts and emotions made them more aware of their difficulties, promoted understanding of mental health presentations, and helped identify ways to support each other. One of the key findings in the study that reflected the experiences described by the participants was that when family issues were not fully resolved after reablement, the establishment of networks within the families acted as a 'secure base'. Participants could begin engagement with the wider world knowing that they had a safe base (family) to return to when they needed. This is supported by previous findings, which emphasise that a secure base is important and necessary to intervene in mental health services (46).

What is the knowledge gap regarding reablement in Functional mental health?

The studies included in this study have shown the importance and benefits of engaging in reablement for

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people with functional mental health diagnoses. As mentioned previously, only two of the included studies (28,31) involved people with already diagnosed functional mental health problems, with one study (17) involving professionals who worked with people with mental health problems. The three studies have indicated the possible positive impact reablement can have for individuals with mental health problems; however, none of these studies were conducted systematically, and evidence is still weak and varied. This scoping review highlighted the lack of reablement services offered to people with mental health problems. It has been difficult to identify consistent mental health conditions that may benefit from reablement services, as publications on reablement intervention focusing on functional mental health diagnosis are limited. The outcomes recorded in the studies involved did not always identify significant results in relation to mental health, making it very difficult to generalise the results. The professionals involved in the studies are from varying professions, notably, however, is Psychotherapists involvement in reablement. There is a need to explore more on their role in reablement, as little is known in literature about their involvement generally in reablement. Although it has stated that reablement is for all age groups (11), it has been largely used for older adults (47,48). The populations engaged in the included studies are from various age groups, making it difficult to generalise findings to the geriatric population.

Strengths and limitations of the study

The main strength of the study involves the use of the methodological approach, using nine steps of the methodological framework of evidence synthesis of the JBI manual. The authors did not set a limitation on the years of study for the data search process and screening of the selected articles. The main limitation of the study was that the search involved only studies conducted in English. This study only included seven studies with a focus on limited diagnoses, and considering that mental health is a very broad area, it is not possible to reflect the application of reablement in other mental health diagnoses. Out of the seven studies, only two studies were qualitative studies, and only one of the two studies captured the experiences of the user directly.

Conclusion

This study has taken an initiative to identify the use of reablement forms of intervention for functional mental health diagnoses and further understand other aspects around engaging in these interventions. The various aims set out at the beginning of the study have been achieved, and this is immediately related to the amount of literature that was identified in this area. Anxiety, depression, and psychosis were some of the functional mental health conditions that were identified to have received reablement or identified as a form of mental health outcome after a period of receiving reablement. This is only a small fraction of the functional mental health diagnoses that could benefit from reablement interventions. With the minimal amount of evidence within the literature identified in the study, positive experiences have been recorded by the participants who have taken part in reablement. The study clearly highlights the need for more research that is needed within this area to understand and emphasise the benefits of reablement for functional mental health conditions. It is anticipated that this would encourage future researchers to conduct studies that might help improve understanding and inform reablement practices within mental health.

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Abbreviations

COPM - Canadian Occupational Performance Measure
EQ-5D-5L – European Quality of Life Questionnaire – Five dimensions level scale
EQ-5D-3L – European Quality of Life Questionnaire – Three dimensions level scale
GAI - Geriatric Anxiety Inventory
GDS – Geriatric Depression Scale
GDS-SF - Geriatric Depression scale – Short form
HRQoL – Health-related quality of life
ICD- 10 – International Classification of Diseases- Tenth revision
MBI - Modified Barthel index
OCD – Obsessive Compulsive Disorder
OT – Occupational therapist
PCC – People- Concepts – Context
PTSD – Post-traumatic stress disorder
SOC - Sense of Coherence
WHO – World Health Organisation

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Conflict of interest

The authors declare no conflicts of interest related to this study.

Funding declaration

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Data availability

The data supporting the findings of this study are available upon reasonable request from the corresponding author.

Author contributions

Both authors, Babatunde D. Oyeneyin and Deepika Vijayaraj, were actively involved at all stages of the study, including the conception and design, data collection and analysis, drafting, and final approval of the manuscript.

Author biography

Babatunde Oyeneyin is a highly accomplished physiotherapy professional and clinical leader with expertise in healthy ageing, rehabilitation science, and mental health recovery. He currently serves as a Lead Physiotherapist in a mental health setting, where he provides strategic clinical leadership, drives service improvement initiatives, and delivers patient-centered rehabilitation programs focused on recovery and functional independence.

Babatunde holds a Master's degree in Healthy Ageing and Rehabilitation Science from Western Norway University of Applied Sciences and a Bachelor's degree in Physiotherapy from Obafemi Awolowo University. He has also completed a Doctor of Physical Therapy degree at Arcadia University, further strengthening his advanced clinical expertise and research capacity.

A passionate advocate for evidence-based practice, Babatunde has published many peer-reviewed articles as a clinician, contributing to the advancement of physiotherapy, rehabilitation knowledge, and mental health care.

Deepika Vijayaraj, BSc (Hons), MSc, PGCert, currently works as an Assistant Psychologist within Older People's Mental Health and an adult neurodevelopmental service. Deepika is passionate about taking a comprehensive, scientist-practitioner, and multidisciplinary approach to her clinical work with people with mental health difficulties. Her interests further include contributing to the scientific evidence base through high-quality research, which informs service developments and leads to meaningful clinical outcomes.

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