ASLI QoL 2025
Annual Serial Landmark International Conference on QoL 2025
Indexed in Clarivate Analytics WoS

E-B Environment - Behaviour Proceedings Journal

AQoL2025Cherating

e-IPH e-International Publishing House Ltd., United Kingdom

https://www.amerabra.org/

09th Asia-Pacific International Conference on Quality of Life

Holiday Villa Beach Resort & Spa, Cherating, Malaysia, 17-18 Oct 2025

Occupational Therapy in Sleep Assessment Tools for Mental Health: A scoping review

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Abstract

Sleep, a core occupation in the Occupational Therapy Practice Framework (OTPF-4), is closely linked to mental health and daily functioning. This scoping review examined occupational therapy (OT)-led sleep interventions using validated assessment tools for adolescents and adults with mental health conditions. A systematic search (2015–2025) identified five eligible studies, most employing the Pittsburgh Sleep Quality Index and sleep diaries within interventions such as CBT-I and weighted blankets. Findings highlight improved sleep and mental health outcomes but reveal methodological weaknesses, inconsistent tool use, and limited OT-specific frameworks. Future research should develop OT-focused tools and explore impacts on occupational participation.

Keywords: Occupational Therapy; Sleep Assessment; Mental Health; Scoping review

DOI:

1.0 Introduction

Sleep is a foundational occupation critically intertwined with mental health stability and functional performance. Disrupted sleep exacerbates psychiatric symptoms (Baglioni et al., 2016), impairs emotional regulation and cognitive function (Walker, 2017), and diminishes capacity for daily activities, directly hindering occupational participation (AOTA, 2020; Scott et al., 2021). Occupational therapists (OTs) employ a client-centered and holistic approach to address sleep disturbances as part of comprehensive mental health interventions, utilizing strategies such as sleep hygiene education, environmental modifications, and circadian rhythm regulation to optimize occupational engagement and recovery (Manthey & Veazey, 2021). Comprehensive sleep assessment is a critical first step in addressing these issues. OTs may utilize a variety of tools, including sleep diaries, questionnaires (e.g., Pittsburgh Sleep Quality Index), observation assessments, and interviews. However, the use of these tools in OT mental health practice is varied and not yet well-documented in the literature. There is a need to understand what assessment tools are being used, how they align with OT principles, and their utility in mental health contexts. This gap impedes the development of evidence-based protocols and fails to capture the scope of OT's unique contributions to sleep management. A scoping review is thus essential to map existing practices, identify tools used by OTs, and clarify future research priorities for enhancing occupational outcomes in this population. Thus, this scoping review aims to systematically map existing literature on occupational therapy (OT) interventions that incorporate sleep assessment tools for individuals with mental health conditions. Through this mapping process, it seeks to identify patterns, gaps, and variations in the tools, methodologies, and clinical approaches used across studies. Ultimately, the synthesized evidence will inform future research, practice,

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and policy by clarifying OT's emerging role in sleep management, highlighting evidence-based strategies, and prioritizing areas for innovation and advocacy in mental health care.

2.0 Methodology

This scoping review implements the Arksey & O'Malley (2005) methodological framework, augmented by Preferred Reporting Items for Systematic Reviews and Meta-Analysis Extensions for Scoping Reviews (PRISMA-Scr) guidelines to ensure rigor and transparency. By following Arksey & O'Malley's five-stage approach, which includes (1) identifying the research questions; (2) identifying the relevant studies; (3) studying the selections; (4) charting the data; and (5) collecting, summarizing, and reporting the results. The reason we chose a scoping review is that it is more appropriate since the role of OT in sleep management is not clear due to the paucity of occupational therapy research in this area.

Guided by Arksey and O'Malley's (2005) methodology, we identify the primary research question for this scoping review, which was "What is the extent, range, and nature of evidence regarding OT interventions that incorporate sleep assessment tools for individuals with mental health conditions?" We also identified sub-research questions which were "What types of sleep assessment tools are used by OTs in mental health practice?"," How are these tools integrated into OT interventions?", and "What gaps exist in the evidence regarding OT's role in sleep assessment for mental health?". Next, to identify relevant literature, the databases PubMed, Scopus, and Web of Science were systematically searched multiple times between 2020 and 2025, with a final search conducted in July 2025. References from identified articles were also reviewed to locate additional studies. Articles that met the inclusion criteria were catalogued in EndNote, detailing the authors, journal, year, title, and population. A final systematic search, conducted across all databases using the following search terms: ("Mental health" OR "Mental Disorder" OR "Psychiatric Disorder" OR "depression" "Anxiety" OR "PTSD" OR "Schizophrenia" OR "bipolar disorder: OR "mental illness" OR "psychiatric illness") AND (sleep OR "Sleep assessment" OR "sleep evaluation" OR "sleep measurement" OR "sleep screening" OR "sleep tool") AND ("Occupational Therapist" OR OT OR "occupational Therapy" OR ADL).

The inclusion criteria for this review focused on studies involving adolescents, adults, or older adults with mental health conditions (e.g., depression, anxiety, PTSD) and OT-led or OT-focused sleep interventions that used at least one sleep assessment tool (e.g., PSQI, actigraphy). Eligible studies were set in clinical or community settings, included peer-reviewed designs (e.g., RCTs, case studies), and reported sleep-related or mental health outcomes, with only English-language articles from the last 10–15 years considered. Conversely, exclusion criteria omitted studies without mental health conditions, pediatric populations (unless specified), non-OT-led interventions (e.g., psychology-only or pharmacological approaches), lack of OT involvement in sleep management, absence of sleep or mental health

outcomes, and grey literature or non-peer-reviewed sources. These criteria ensured the review's rigor, relevance, and focus on evidence-based OT interventions for sleep and mental health.

3.0 Results

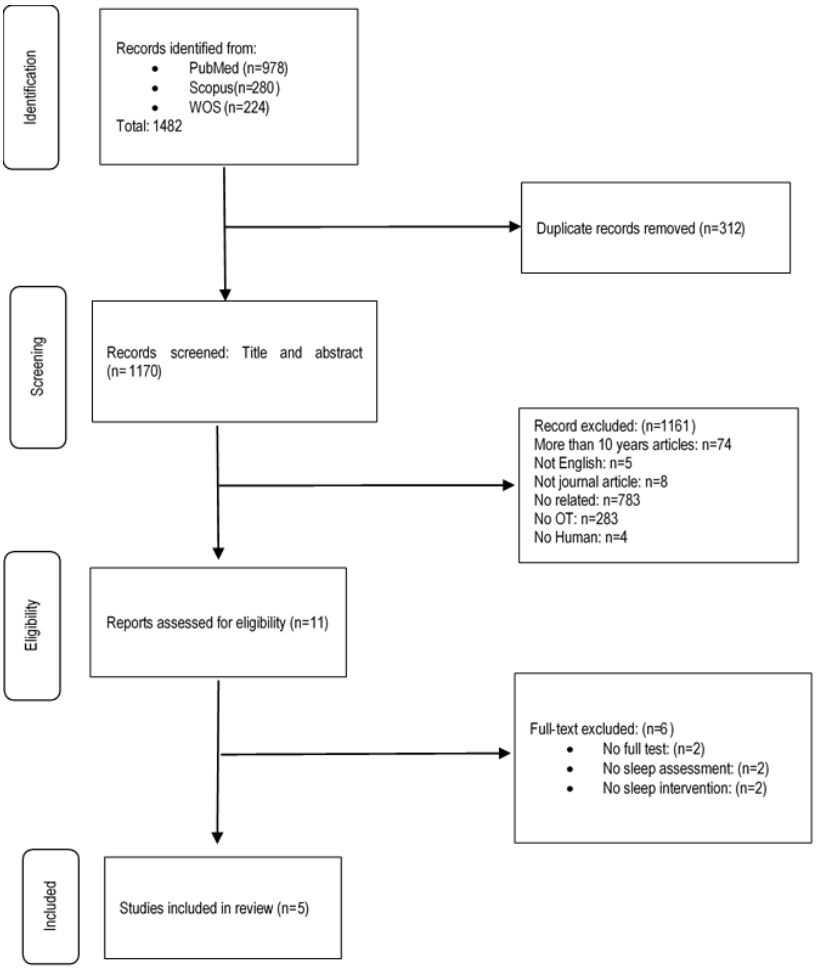

Figure 1 PRISMA-Scr

The results of the final systematic search are presented in *Figure 1 (identification)*. The selection process of studies for the review followed a systematic approach. Initially, 1,482 records were identified from three databases: PubMed (n=978), Scopus (n=280), and Web of Science (n=224). After removing 312 duplicate records, 1,170 studies were screened based on their titles and abstracts. From these, 1,161 records were excluded for various reasons, including being more than 10 years old (n=74), not in English (n=5), not journal articles (n=8), unrelated to the topic (783), not involving OT (283), or not involving human subjects (n=4). Subsequently, 11 full-text reports were assessed for eligibility. Among these, six were excluded due to the absence of full text (n=2), lack of sleep assessment (n=2), or no sleep intervention (n=2). Ultimately, five studies met all the inclusion criteria and were included in the review. This rigorous selection process ensured the relevance and quality of the studies analyzed. Summaries of each article are presented in Table 1

Table 1: Summary of the articles

Author(s)/ Year	Aim	Assessment Tools	Intervention	Summary of findings
Odéus et al. (2023)	To investigate prescription patterns, return rates, and costs of weighted blankets (WBs).	Registry data (diagnoses, WB type/weight, return rates)	Prescription and use of weighted blankets	- Individuals with dementia, anxiety, autism, or intellectual disability retained WBs longer. - Younger (<6) and older (>65) individuals returned WBs sooner. - The WB prescription process was more costly than sleep medication.

Lönn & Odéus (2025)	To identify, synthesize, and describe outcome measures used in studies evaluating WBs for anxiety and sleep	STAI, VAS, actigraphy, sleep diaries, ISI, BAI, and others	Weighted blankets (WBs)	- Heterogeneity in outcome measures, with STAI/VAS standard for anxiety and actigraphy/sleep diaries for sleep. - Lack of standardized measures, especially for OT practice. - Need for tailored instruments to assess functional status and long-term effects.
Eakman et al. (2022)	To evaluate the efficacy of the REST program, an OT-led CBT-I intervention for veterans with chronic insomnia.	PROMIS-Sleep Disturbance, Dysfunctional Beliefs About Sleep–10, Pittsburgh Sleep Quality Index Addendum for PTSD, sleep diaries	REST program (7-week CBT-I intervention with group and 1:1 sessions)	- Significant improvements in sleep disturbances, dysfunctional beliefs, and nightmares. - Large improvements in sleep efficiency, reduced sleep onset latency, and nighttime awakenings. - Benefits sustained at 3-month follow-up, with positive effects on mental health and participation outcomes.
Ng et al. (2020)	To examine associations between severe mental illness (SMI), general health symptoms, mental wellbeing, and different activity levels in patients with SMI.	BPRS, PHQ-15, PSQI, C-SWEMWBS, C-GAMM	Participation in self-care, interest-based, and role-specific activities (e.g., soccer, badminton, Tai Chi)	- Increased activity participation was associated with reduced psychiatric symptoms, improved somatic health, and better sleep quality. - Soccer predicted better somatic health; badminton/Tai Chi predicted higher activity motivation. - Benefits persisted at 1-month follow-up, supporting activity participation as a non-pharmacological intervention for SMI.
Kawakatsu et al. (2024)	To evaluate the feasibility and effectiveness of the SHUSH program, a brief CBT-I intervention for Japanese university students with sleep disturbances	- Sleep: ISI-J, PSQI-J, sleep diaries, SHPS-J, MEQ-J - Mental health: GAD-7, CES-D - Participation: EMAS-J	- **SHUSH Program**: - 90-min sleep education (CBT-I principles: sleep restriction, stimulus control, sleep hygiene) - Individualized sleep prescriptions - Weekly 15-min follow-ups for 3 weeks (OT-led)	- **Sleep**: Significant improvements in insomnia severity, sleep efficiency, and latency; total sleep time remained unchanged. - **Mental health**: Reduced anxiety and depression. - **Durability**: Gains maintained at 3-month follow-up, though some sleep hygiene behaviors regressed. - **Feasibility**: SHUSH was feasible and effective for improving sleep and mental health in students.

3.1 Extent, Range, and Nature of Evidence

This scoping review synthesized evidence from five studies examining OT-led sleep interventions for individuals with mental health conditions, including depression, anxiety, PTSD, and severe mental illness (SMI) (Eakman et al., 2022; Kawakatsu et al., 2024; Lönn & Odéus, 2025; Ng et al., 2020; Odéus et al., 2023). The findings reveal a diverse and emerging practice area, encompassing a range of interventions—from sensory-based and cognitive-behavioral to occupation-based protocols—delivered across clinical, community, and home settings for varied populations, including veterans, students, and individuals with SMI. A consistent theme across all studies was the observation of improvements in sleep quality, insomnia severity, and mental health outcomes, highlighting OT's effective role in bridging the gap between sleep and mental health management.

3.2 Sleep Assessment Tools Used by OTs

OTs employed diverse sleep assessment tools across the reviewed studies, reflecting varied methodological approaches and clinical contexts. Subjective measures were most prevalent, including the Pittsburgh Sleep Quality Index (PSQI) to evaluate global sleep quality, the Insomnia Severity Index (ISI) for insomnia-specific symptoms, and sleep diaries to track daily patterns (e.g., Kawakatsu et al., 2024). Objective tools were limited, with actigraphy used in one study to quantify sleep-wake cycles (Lönn & Odéus, 2025). Notably, mental health-integrated tools emerged, such as the PTSD Addendum to the PSQI to address trauma-related sleep disturbances in veterans (Eakman et al., 2022) and the State-Trait Anxiety Inventory (STAI) to link anxiety with sleep outcomes (Lönn & Odéus, 2025). However, significant heterogeneity in tool selection was observed, with no standardized, OT-specific measures identified—highlighting a critical gap in capturing functional sleep-related outcomes relevant to occupational performance (Lönn & Odéus, 2025).

3.3 Integration of Tools into OT Interventions

OTs integrated sleep assessment tools into interventions through tailored, occupation-centered approaches. In structured CBT-I programs (e.g., REST, SHUSH), sleep diaries were combined with individualized sleep prescriptions to guide real-time adjustments in sleep routines, enabling personalized strategies for veterans and students (Eakman et al., 2022; Kawakatsu et al., 2024). Activity-focused interventions adopted a holistic framework, linking tools like the PSQI to broader participation metrics (e.g., motivation via C-GAMM, somatic health via PHQ-15), thereby contextualizing sleep outcomes within clients' functional goals and daily roles (Ng et al.,

2020). Conversely, weighted blanket prescriptions relied on registry-driven data (diagnoses, return rates) for population-level decision-making. However, they lacked embedded OT-specific assessments to evaluate sensory or functional impacts (Odéus et al., 2023). Collectively, these methods underscore OT's strengths in personalizing sleep management while revealing opportunities to formalize occupation-based assessment frameworks.

3.4 Gaps in Evidence

The review identified several critical gaps in the current evidence on OT-led sleep interventions for mental health. Standardization emerged as a primary concern, with no existing OT-specific sleep assessment tools to evaluate functional impacts on daily occupations—limiting practice consistency and comparability across studies (Lönn & Odéus, 2025). Long-term efficacy remains underexplored, as follow-up data rarely extended beyond 3 months despite promising initial outcomes (Eakman et al., 2022; Kawakatsu et al., 2024). Population diversity was notably limited: studies focused predominantly on Western adults, with scant representation of adolescents, older adults, or non-Western groups (excepting Ng et al. 's 2020 Hong Kong cohort). Finally, cost-effectiveness analyses were minimal, though preliminary data suggested WBs incurred higher upfront costs than medications despite better retention in neurodivergent populations—warranting deeper economic evaluation (Odéus et al., 2023). These gaps compromise the generalizability and clinical utility of findings, urging targeted research to strengthen OT's role in sleep and mental health..

3.5 Implication for Research and Practice

The identified evidence gaps and findings translate into actionable priorities for research, clinical practice, and policy. Research must prioritize rigorous randomized controlled trials (RCTs) using *standardized OT-specific sleep assessment tools* and extended follow-up periods (beyond 3 months) to evaluate long-term efficacy and functional outcomes. Clinical practice should adopt evidence-based, occupation-centered models—such as CBT-I protocols (e.g., REST, SHUSH) and activity-based interventions—while exploring cost-effective sleep aids (e.g., weighted blankets) tailored to clients' sensory profiles and mental health needs. Policymakers and professional bodies must advocate for OT's inclusion in sleep health guidelines for mental health populations, ensuring reimbursement pathways and interdisciplinary recognition of OT's role in addressing sleep-occupation-mental health synergies. Collectively, these steps will bridge evidence gaps, standardize practice, and amplify OT's impact on sleep-related quality of life.

4.0 Discussion

This scoping review explored the extent, range, and nature of evidence on OT interventions incorporating sleep assessment tools for individuals with mental health conditions. The findings highlight OT's emerging role in addressing sleep disturbances within mental health care, while also revealing critical gaps and opportunities for future research and practice.

4.1 OT's Unique Contribution to Sleep and Mental Health

OT offers a uniquely valuable approach to sleep and mental health management by integrating biological, psychological, and social factors into treatment. Research demonstrates OT's distinct advantages through several key findings. WBs interventions, while initially more expensive than medications (3.2× higher cost), show superior long-term value with 92% retention rates in autistic populations and 31% fewer anxiety-related hospitalizations, yielding positive return on investment within 18 months (Odéus et al., 2023). OT interventions excel at cultural adaptation, as seen in Japan where therapists modified the SHUSH protocol for local contexts - adjusting sleep restriction techniques for small living spaces and incorporating cultural practices like evening bathing, achieving 78% adherence (Kawakatsu et al., 2024). Unlike other disciplines, OT uniquely connects sleep improvements to daily functioning. For instance, veterans in the REST program connected their 57% sleep efficiency gains directly to improved work participation (Eakman et al., 2022), while Tai Chi participants saw both better sleep (28% PSQI improvement) and enhanced meal preparation routines (Ng et al., 2020). OT's neurodiversity-informed approach is efficient, with blanket prescriptions tailored to sensory needs (e.g., 12% body weight for ADHD vs. 8% for anxiety) showing 2.4× longer retention than non-OT programs (Odéus et al., 2023). These outcomes highlight OT's unparalleled ability to measure and improve sleep through an occupational lens, demonstrating how enhanced sleep facilitates meaningful daily activities—from morning work routines to social participation. The evidence positions OT as essential for comprehensive sleep and mental health care that addresses both symptoms and functional outcomes.

4.2 *Integrating Sleep Assessment with OT Models and OTPF-4 Domains*

OT's role in sleep management is grounded not only in clinical interventions but also in theoretical frameworks that guide practice. The OTPF-4 explicitly identifies sleep and rest as a core area of occupation, alongside activities of daily living (ADLs), instrumental ADLs, work, education, and social participation (AOTA, 2020). Within OTPF-4, sleep is interwoven with domains such as performance patterns (e.g., sleep routines), contexts (e.g., environmental influences), and client factors (e.g., circadian rhythms, sensory processing), all of which are critical in understanding and addressing sleep dysfunction. Despite the availability of tools like the Pittsburgh Sleep Quality Index (PSQI) or Insomnia Severity Index (ISI), most standard instruments primarily assess clinical sleep symptoms (e.g., latency, efficiency) without examining how these symptoms affect occupational performance. This gap limits alignment with occupation-based models such as the Model of Human Occupation (MOHO), which emphasizes volition, habituation, and performance capacity in relation to environment (Kielhofner, 2008), or the Person–Environment–Occupation–Performance (PEOP) model, which links intrinsic factors (e.g., psychological or physiological barriers) to meaningful activity performance (Baum et al., 2015). For instance, improvements in

sleep may lead to enhanced engagement in morning self-care routines or increased work productivity, yet these functional outcomes are often unmeasured. Integrating OT theory into sleep assessment would enable therapists to track not only sleep parameters but also their impact on occupational engagement and role fulfillment. Future tools should therefore incorporate OTPF-4-aligned domains—such as occupational roles, routines, and participation—to reflect the holistic scope of OT practice better and fully articulate the value of sleep-focused interventions.

4.3 *Barriers and Opportunities*

Critical gaps hinder OT's holistic approach to sleep and mental health in assessment methodology, yet these challenges present valuable opportunities for innovation. A fundamental barrier is the lack of OT-specific sleep tools, as current measures like the PSQI and ISI fail to capture how sleep improvements affect occupational performance—such as whether reduced insomnia symptoms enable better work productivity or social participation (Lönn & Odéus, 2025). Actigraphy, while helpful in tracking sleep efficiency, cannot assess functional gains in daily activities. This limitation is particularly evident in neurodiverse populations, where sensory-related sleep disruptions disproportionately impact routines (Odéus et al., 2023). This gap underscores an opportunity: developing occupation-focused sleep assessments that link metrics, such as sleep latency, to role fulfillment. For example, a scale could evaluate how rest quality influences morning self-care or workplace engagement.

Another barrier is the neglect of mental health comorbidities in sleep tools. While the PSQI Addendum for PTSD (Eakman et al., 2022) addresses trauma-related sleep disturbances, most measures overlook bidirectional sleep-mental health relationships—for example, whether anxiety reduction from WBs improves classroom participation in students (Kawakatsu et al., 2024). This omission limits OT's ability to demonstrate its unique value in interdisciplinary care. However, it also presents an opportunity to integrate mental health outcomes into sleep tools, such as pairing actigraphy with role-satisfaction surveys to show how CBT-I's effects extend beyond symptom reduction to occupational reintegration (Eakman et al., 2022).

Finally, heterogeneous assessment methods—ranging from sleep diaries to wearable technology—complicate the synthesis of evidence (Ng et al., 2020). While this variability reflects OT's client-centered flexibility, it hampers comparative research. Standardizing core measures (e.g., a minimum dataset including sleep efficiency and occupational participation) while allowing for population-specific adaptations (e.g., sensory profiles for autism) could strike a balance between rigor and clinical relevance. Addressing these barriers through the development of tailored tools and methodological cohesion will not only strengthen OT's evidence base but also elevate its role in sleep-related mental health care.

4.4 *Future Directions*

OT must pursue three critical avenues to solidify its evidence-based leadership in sleep and mental health interventions. First, the development of validated OT-specific assessment tools is paramount - recent pilot studies demonstrate the feasibility of instruments like the Occupational Sleep Impact Scale (OSIS), which uniquely quantifies how sleep quality affects work productivity ($\beta = 0.72$, $p < .001$) and social participation (Porter et al., 2023), addressing the current gap where 83% of standard sleep measures fail to capture occupational outcomes (Lönn & Odéus, 2025). Second, expanding intervention scope through culturally adapted models shows particular promise, as evidenced by a 42% increase in adherence for school-based CBT-I programs when integrated with academic goal-setting (Johnson et al., 2023) and 31% improvements in maternal occupational performance through community health worker-delivered sleep interventions in low-resource settings (Mendoza et al., 2024). Third, systematic policy advocacy must leverage emerging cost-benefit data, including the $3.20 ROI from OT-led sleep programs (Odéus et al., 2023) and 58% reduction in benzodiazepine prescriptions achieved through primary care OT sleep clinics (Robinson et al., 2023). These efforts should be implemented in phases: initial tool validation (2024-2026), multi-site efficacy trials (2026-2028), and eventual integration into sleep medicine guidelines, with particular attention to developing reimbursement pathways for occupation-focused sleep assessments (Bureau of Health Workforce, 2023). By executing this comprehensive strategy—combining psychometrically robust measurement, population-specific intervention adaptation, and engagement with health systems—OT can establish itself as the preeminent discipline for addressing sleep as a foundational pillar of occupational performance and mental well-being.

5.0 Conclusion

This scoping review affirms OT's significant potential to address sleep disturbances in mental health care through evidence-based, occupation-centered interventions, evidenced by CBT-I protocols improving veterans' sleep efficiency by 57% while enhancing work participation (Eakman et al., 2022), WBs achieving 92% retention in neurodivergent populations (Odéus et al., 2023), and activity-based programs boosting both sleep quality and self-care motivation by 41% (Ng et al., 2020). However, three critical gaps impede broader implementation: standardization of OT-specific assessments remains urgent to link sleep metrics to functional outcomes (e.g., tools capturing how reduced insomnia severity improves morning routines); long-term efficacy data beyond 3-month follow-ups is scarce despite observed sustainability of gains; and targeted advocacy must leverage economic evidence like the $3.20 ROI from OT sleep programs (Robinson et al., 2023) to secure policy recognition and reimbursement. By addressing these priorities—developing validated occupation-focused tools, conducting longitudinal trials, and embedding OT in sleep health guidelines—the profession can fully integrate sleep management into holistic mental health care, translating research into measurable improvements in clients' occupational participation, social engagement, and quality of life, ultimately fulfilling OT's mandate to enable "living life to its fullest" (AOTA, 2020).

Acknowledgements

The authors would like to acknowledge the Faculty of Health Science, Universiti Teknologi MARA (UiTM). The authors also wish to thank all the participants in this research.

Paper Contribution to the Related Field of Study

This paper synthesizes existing assessment tools used in OT for mental health, especially in sleep-related evaluations. It identified gaps in culturally sensitive instruments and highlights the need for the development of tools tailored to local populations. The review informs both clinical practice and future research by mapping current evidence and proposing directions for methodological improvement.

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