OCCUPATIONAL PSYCHIATRY, PSYCHIATRIC REHABILITATION

[Abstract:0386] Occupational psychiatry, psychiatric rehabilitation
Our experience regarding occupational activities of psychiatric patients
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Objective: Schizophrenia and similar serious mental disorders adversely affect the mental abilities of patients. These patients need rehabilitation facilities to gain their previous functions and to become independent and socialized individuals. Occupational therapy, which is a part of the rehabilitation process for chronic mental disorders, has a major role for the self-expression, occupation and socializing of the patients with psychiatric disorders. In this study, we evaluated the effect of occupational therapy, conducted by the chief nurse of the Psychiatry Clinic of Pamukkale University, on the coping attitude, functionality, and treatment compliance of patients in outpatient settings.

Methods: Since the year 2012, occupational activities have been conducted twice weekly, 4 hours/week in total, with 8 patients with a spectrum of mental disorders (schizophrenia, schizoaffective disorder, obsessive compulsive disorder-poor insight, recurrent major depression). Occupational activities were haircloth/wood painting, mosaic art, handworks like designing toys/flowers/jewelry, and social activities like charity fairs, picnic and concert attendance, visiting the sick inpatient children in our hospital, etc. After the occupational activities, the issues with the disorder and with the social environment of the patients were inquired about and they were asked to share their daily activities with each other. The control group was constituted by the 8 outpatients who were comparable for age, gender distribution and Axis I diagnosis. To measure the effects of occupational activities on coping attitudes, functionality and treatment compliance COPE Inventory, Brief Functionality Evaluation Scale and Morisky’s Questions Self-report Measure of Adherence Scale and mean, standard deviation, Chi-Square and Mann Whitney U test for statistical analysis were utilized.

Results: Gender distribution between the occupation and control groups were 50.0% (n=4) male and 50.0% (n=4) female. Mean age was 45.12±16.67 (26-65) years in the occupation group and 44.62±1.36 (32-59) years in the control group. The two groups were comparable for the distribution of diagnoses (p=1.000) with 12.5% schizophrenia, 37.5% schizoaffective disorder, 25.0% obsessive-compulsive disorder (poor insight) and 25.0% recurrent major depression. The groups were comparable for the coping attitudes (p>0.05) on the subdivisions of the COPE scale, but significant difference was observed for the coping with the help of religion parameter (p=0.034). Coping with the help of religion was higher in the control group. Functionality was better in the occupation group (30.87±11.38 [11-50]) than the control group (44.25±13.54 [29-65]), (p=0.035). Treatment compliance was also better in the occupation group (p=0.008). High compliance was 100.0% in the occupation group and 25.0% in the control group. Moderate compliance was 37.5% and low compliance was 37.5% in the control group.

Conclusion: By the help of occupational activities, patients become more functional and therefore integrate better into social life, express themselves better and also comply better with the treatment and with members of the rehabilitation team. According to these results, occupational activities must be more emphasized in the rehabilitation of patients with chronic mental disease.

Keywords: occupational activities, psychiatry, rehabilitation