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# REHABILITATION SERVICES AT A TERTIARY CARE PSYCHIATRIC UNIT: A COLLABORATIVE MODEL OF DEVELOPING SERVICES BETWEEN PRIVATE AND PUBLIC SECTOR

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**ARTICLE**

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## ABSTRACT

**OBJECTIVE**

Toprovide evidence ofa newmodelof successful collaboration between private andpublicsector in providing occupational therapy (OT)aspartof rehabllitation program forpsychiatricpatients.

## STUDY DESIGN

Descriptlvestudy

## PLACE AND DURATION or THE STUDY

Thestudywasconductedin therehabilitationcenteroftheInstituteof Psychiatry, BSHRawalpindiin **a**periodof eightyears fromMarch,2010to April,2018.

## SUBIECTS AND METHODS

A total of 2138 indoor patients participated in the study from Institute of P\_sychiatry. Data werecollected over a period of eight years and analyzed using SPSS*V23.*Theservicehasbeenrunning withmixed results foreight years andwe aregoing to describethe turnover of patientsbasedon thedatacollectedduring these years. The paper describes the results of this service from March, 2010 to Aprll,2018.

## RESULTS

A total of 2138 patients were seen.Maximum number of patients was seen in 2014 to 2016. The predominance of 18 to 35 years indicates that the sample consisted of youngermenandwomen,in themost productiveyearsof theirlives. 469 patients in the sample had no formal education, 477 were educated till primary, 363 had passed the middle school, 485 had done the metric examination.Mood disorders (depressive and bipolar) constituted around SO% of thediagnosis.Predominant majorityaround80% were discharged home with follow upservices.20%left againstmedical advice.

Theyearly averagestay of32dayswasreduced to 17days andtheyearlyaverage delayof referralwasreduced from25daysto sevendays.

## CONCLUSION

Our study highlights the need for rehabilitationservicesin acute mental health settings for individuals with mental health problems. However, further work is needed to understand why bringing about change In this setting Is so challenging.

## KEYWORDS

Rehabilitation,OccupationalTherapy,Holistic Medicine,BlopsychosoclalModel

## INTRODUCTION

The delivery of psychiatric rehabilitation interventions has beenrecognizedas fundamental to fadlltoterecovery of peoplewithseverementalillness world over.' Psychosocial rehabilitation of people suffering from mental Illness is a proven way of improving quality of life, level of functioning (capacity) and re-Integration Into social life'. In Pakistan, few rehabilitation centers in private sector offer occupational therapy (OTI as a part of their services. The formal occupational therapy centers in publicsector arenon-existent.Thepatients in needof psychosocial rehabilitation with limited financial re.sources therefore rely wholly on their families for their care needs.The result is a hugeadditional care• givers' burden. Theconcept of rehabilitationls hardly acknowledged by the policy makers and health care professionals of our country. There is paucity of facilities for long stay psychiatric patients. The day care and community support services in the public and private sector are either absent or are poorly organized.Thereareno formal fully operative daycare orcommunity facilitiesforthechronicmentallylll.

Worldwide, the work ofOTsin mentalhealth and the range of services provided has changed significantly. This proportion of mentalhealth care professionals is alarmingly low In Pakistan. Practically there are few psychotherapists,no rehabflltatlonand occupational therapy services, no separate unit for subspecialties, no appropriate long stay units, no concept or day centersor dayhospitals andill developed community services'. There is avalfable evidence that even most disabling mental disorders,rehabilitationservices can reduce symptoms, improve overall functioning, facilitate community integration and promote self• sufficiency''. Occupational therapy was founded on theprinciple that participation in meaningful activity Is important to the health of individuais'. Where the lnpatlent setting wasonce the focal pointof care,It *is* now widelyaccepted thatthemajority ofcareshould be providedIn thecommunity setting'.Theshiftin the



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focus of care being placed on rreating people In rhe community in which theylivehasbroadened thescopeof practice foroccupational therapists.However, thishasmeantthatagreater emphasis hasbeen placed on clinical Interventions in the community setting, where service users are considered more ready to respond". The average length of stayIn acute mental health facilities ranged from 38 to 44 days in the United Kingdom". In such situations, occupational therapists are required co assist the service users to engage in meaningful occupational rolesbothduringandafter theiradmission. Therapeutic useoractivity,oneof thecoreelementsof occupational therapy, wascommonly Identified as oneof the most useful aspects ofinterventlon".

Differentactivitiesplannedandassistedbyanoccupational therapist arecreating and following *a* productivedally schedule,rakingcareof personal hygiene, managing one's own health, organizing and following a medication regime,Interacting appropriately ln work or social situations, working or volunteering planning and cooking healthy meals, managing budget and finances. There ls additional evidence suggesting that several therapeutic goals, such as

Interaction levels and self-esteem, can be achieved by gardening activities". These may have a positive role in the longer-term management of mental health, with 'green' interventions Increasingly recognized in the promotion of well-being". Ward garden spaces provide opportunity for graded participation In a

number of green activities". A great benefit of these Is social Inclusionasa wayto provideacommonidentity.

A wealthof data hasdemonstrated that psychiatric rehabilitationof In patients with chronic schizophrenia canlead to theacquisition of new and important coping skills, a reduction of bizarre and Inappropriate behaviors, a reduced likelihood of relapse, andbetter prognosis' ". In developing countries over the past decade, rehabilitationhas gained some acceptance as a means of fostering recovery foradults with psychiatric disabilltles. However,It Isunder­ utlllzed **as** a therapeutic tool whencompared withpharmacological approaches;it also deserves to bebetterunderstood andresourced'. The work of occupational therapists wlthin acute inpatient settings needsgreater acknowledgement.reflectionanddebate".

Apart from the aforementioned barriers, there Is also a paucity of current lrterature relating to occupational therapy practice in an acute mentalhealth care setting especially in a developing country like Pakistan. Institute or Psychiatry has made attempts to organize the rehabilitation services, an Innovation of entering an understanding with *a* nongovernmental organization.The modelIs being run successfully from about 8 years. This paper Is aimed at exploring thedetailsof thepatients who benefited fromthe service.

## SUBJECTS AND METHODS

**Participants**

A total of 2138 Indoor patients participated in the study from Institute of Psychiatry & WHO collaborating Centre for MentalHealth Research and Training center which ls a tertiary care health facility and Is an academic unit of Rawalpindi Medical University. The inclusion of sample was made through non probability purposive sampling technique on the referral of treating consultant in charge.



**Instruments**

The referral formdescribed theblodata, symptoms and diagnosisof thepatients;it alsolistedpossibillty for therangeof activities thatthe rehabilitation unit was offering. These activities Included arts and crafts, reading and writing. stitching, music therapy, games and sports, television watching, embroidery, horticulture, cooking and carpentry **(see**annexure A).

**Procedure**

After the ethical approval from concerned competent authority, referringconsultant filledareferral formdeveloped by theresearcher and sent it to the rehabilitation center after obtaining informed consent.Thisrehabilitationcenter wascomprised of spaceallocated by Institute of Psychiatry under theMOU with NGO.It Is a spacious

room witha large terrace,locatedon the0rstfloor.Thestaff working at the center comprised of a medical doctor with a background In publicheaIth andtwojuniorstaff withpreviousexperienceingeneral nursing andschool teaching.Thesestaffhelpedpatientsthrough the occupationalactivities.

Oata was entered and analyzed using SPSS*VB.* All the categorical variables weresummarized as frequencies and percentages, and for the continuous variables means and standard deviations were computed.

## RESULTS

The paper describes thedetails of beneficiaries of this service from March2010 to April 2018.A totalof2138patients benefited.Figure i described the details on yearly basis. Number of patients peaked in 2014 to 2016. Year 2015 received the maximum number of patients (393). 51% or the patients were female, while 49 % were male (see figure 2).Figure3 described thedistribution of theageof thesample. The predominance of 19 to 35 years Indicated that the sample consisted ofyounger men and women in the most productive years of their lives. 53% of the sample was married, 41% unmarried, less than 4 % were divorced or Widowed. Figure 4 described the educational background of the sample. 469 patients In the sample had no formal education, 477 were educated till primary, 363 had passed themiddle school,485 haddone thematric examination.168 hadintermediate,112weregraduatesandonly64hadpostgraduate education.

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male vs 40% in females. Drug abuse showed more dominance In males 94.9% vs 5 % In females. On the other hand, dissociative disorderswere75.2%in remale vs24.8% in males.

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| 6 | **Pe:rsonahty Disorder** | )8 | 45.8 | *45* | 54.l | 113 | 3.9 |
| 7 | Bclmiournl Ois1urbnnccs | 21 | 61.8 | 1-3 | 38.l | 34 | 1.6 |
| 8 | **An:dety** | 13 | 48.1 | 14 | 51.9 | 27 | 1.3 |
| 9 | **Orgumc Dison:lcr** | 16 | 65.0 | 14 | 35.0 | 40 | l.9 |
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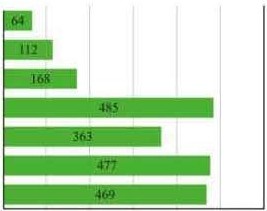
Table 2 described theoutcome orthesepatients at theendof study. Predominant majority around 80% were discharged home with followupservices.20%left againstmedicaladvice.

Table3 described theyearly average duration of 5tay in thehospital vs.average delay of referral to the rehabllitatlonservices. The yearly avercJge stoy of 32 days was reduced to 17 days and the yearly averagedelayof referral wasreduced from*25*daysto sevendays.

Table *Z*

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1. 45.5 %of rhe sample was diagnosed as having depressive illness; schizophrenia was around 14.5 % and bipolar mood disorders constituted around 11.2%of the diagnoses.Table 1 also compared thebreakdown of thediagnoses aspergender. Depressive disorders were 58% in remale vs 42 % in males, schizophrenia was 56.6 % in malesvs 43.4%in females.Bipolarmooddisorderswereabout60%in



## DISCUSSION

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## CONCLUSION

Rehabilitationcomponent of psychiatric treatment has not received adequate attention In public sector institutionsin Pakistan. In order to provide treatment on bio-psycho-social model of tre.atment, rehabilitation services are still in Infancy. The performance of the service ls discussed here in the back.drop of the limited number of mental health professionals, paucity of funds dedicated for occupational therapy and psychosocial rehabilitation services, disorganized services without adequate planningand constraints in the planning of services. Most of the teaching facilities are also the main training facilities in the country.It is therefore, imperative that the collaborative model developed at IOP provides a template for suchservicesto bereplicatedin othersimilarinstitUtions.

In the model described, the staff had been trained using the task sharing and taskshifting principlesof WHO.While thisapproach can function in the short term, but it would require replacement with stafftrainedon a culturallysensitive,corecurriculum of rehabilitation training in Pakistan. ThereIsa strongcase for a certificate course In psychiatric rehabilitation,whichcanlead to a diploma.Thiswill help In the development of human resource trained In OT and rehabilitation.

Rehabilitationinterventions were*seen* usefulIn reducing thelength of hospital stay In the United Klndgom". In our sample, we saw a similar trend. Oursamplereflects that the hospitalstay was reduced from 25days to seven days, once theconsultants started to refer the patients for the service. Our patients especially, the male patients keenly participatedin theactivitiesplanned at theOTparticularly the green activities. As a matter of fact, they *weie* responsible for the maintenance of plants In the building and kept the pots and plants alive and healthy. The data showed that the number or patients referred to the rehabilitarlonservices grew steadily after the service wasinitiated.Itreachedits peakIn year five.This explained thedenial andtheacceptance of thetreatment madeavailable.Theconsultants working in the Institute needed several reminders and Information regarding the newly organized service. Similarly. the referral rate ln subsequent years indicated a decline once the reminders were withdrawn as theleadership wasnegotiating otherimportantissues administratively.

Of the many challenges for the initiation and delivery of such rehabilitationservicesIn Pakistan,it willrequire theleadershipof the head of the institution to develop similar models In their respective units.Therels alack of cooperation and support by thegovernment *as* well as the policy makers whoare important stake holders. All of themneedto joinhands to fighttheculiure of stigma.In oursociety, the strengths and pitfalls of family support for dealing with severe mentalillness needsto becarefully monitored andharnessed for the care giving role. Until these facilities are developed, most of care burdenwillbedellveredby thefamily.

Individuals of all ages who are diagnosed with a mental illness can benefit fromoccupational therapy bydeveloping theskillsneeded to livelife to its fullest. Furthermore, friends and family members can alsobenefit fromthese services to learnwaysto dea.l withthestress of care giving and how to balancetheir daily responsibilities ro allow themto continuetoleadproductiveandmeaningfullives.

Our study highlighted the need for rehabilitation services in acute mentalhealth settings for individuals with mental health problems thatmaybefulfilledbyapublic privatepartnership model.However, further workis needed tounderstand whybringing about changein chis setting is so challenging.Thechange of paradigm in psychiatry implies thecreation of services for thesocialinclusion of peoplewith severementalillness.

This study rises hope of successful implementation of psychiatric rehabilitation services even against heavy odds and material and human resource constraints.The Study demonstrates thesuccess of an out-of-the-box solution by bringing together the public and privatesectorsIn mentalhealthcaresettings.

## ACKNOWLEDGHvlENT

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