

## A Study on First Intake Assessments of In-patient Referrals to Psychiatric Rehabilitation Services

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### ABSTRACT

**Background:** Psychiatric rehabilitation is an important component in mental health services. The rehabilitation needs of patients with mental illness have been highlighted in various studies. The studies on in-patient referrals to rehabilitation services however are sparse. This study describes the clinical and demographic details and the reasons for referrals to rehabilitation services during the in-patients stay. **Materials and Methods:** A semi-structured pro forma was used for the assessment of in-patients referred for the psychiatric rehabilitation services. The pro forma included socio-demographic details such as background, family resources, illness related details such as symptom status, risk assessment, medication details. The total number of referrals for a period of 5 months was collected and coded. **Results:** The total number of referrals for a period of 5 months was 216 and there were 197 forms available for the study. The mean age of the sample was  $31.48 \pm 10.46$  years. Vocational rehabilitation was the commonest reason for referral to the in-patient services. Severe mental disorders were the most common diagnosis of patients referred to the services. **Conclusions:** Patients with severe mental illness were most often referred to the in-patient services. This indicates that we need include to rehabilitation in the management plan at the earliest. Vocational rehabilitation is the most common reason for referrals and there is a need to develop services to cater to these needs.

**Key words:** *In-patient referrals, psychiatry, rehabilitation, vocational*

### INTRODUCTION

Psychiatric rehabilitation is an important component in mental health services. Psychiatric rehabilitation services at National Institute of Mental Health and Neurosciences cater to in-patients, out-patients and day boarders with mental illness. The services provided

include vocational training, social skills training, cognitive rehabilitation and training in activities of daily living and psycho education. The services are delivered by a multidisciplinary team consisting of members from psychiatry, psychology, psychiatric social work and nursing.

The rehabilitation needs of patients with mental illness have been highlighted in various studies. Vocational rehabilitation emerged as the most sought after the need for patients with severe mental illness.<sup>[1]</sup> The research done in this area predominantly includes studies involving patients attending day care services. Gopinath *et al.*<sup>[2]</sup> studied the profile of patients who continued and discontinued day care hospitalization and reported that most of the discontinuation happens

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within a month of referrals. The same group<sup>[3]</sup> also studied work performance and duration of stay in-patients with mental handicap and reported that 37% of the patients had below average work performance and 30% had average work performance. They did not find any relationship with duration of stay and work performance with clinical and demographic profile.

The studies on in-patient referrals to rehabilitation services are sparse. Gandotra *et al.*<sup>[4]</sup> studied the rehabilitation needs of in-patients and out-patients with schizophrenia and reported a significant difference across the groups regarding the requirement of help from voluntary agency, employment, accommodation, leisure activities and help for family. However, this study is limited by the sample size. Hence, we decided to study the profile of patients who are referred to rehabilitation services during their in-patient stay. Patients who are admitted in the psychiatry wards were referred to rehabilitation services based on the needs felt by the treating units and the family. A structured assessment for in-patient referrals was started in March 2012. This was done to structure the services offered and ensure that a comprehensive management plan is put in place for rehabilitation services, in coordination with the treating team. This study describes the clinical and demographic details and the reasons for referrals to rehabilitation services during the in-patients stay.

## MATERIALS AND METHODS

The in-patient referrals were streamlined since March 2012 where in systematic assessments was done. A semi-structured pro forma was designed after an initial pilot phase, for the assessment of in-patients referred for the psychiatric rehabilitation services. The pro forma included socio-demographic details such as background, family resources, illness related details such as symptom status, risk assessment, medication details. This pro forma is filled by the trainees from psychiatry, clinical psychology, psychiatric social work and nursing. This is done after interviewing the patient and the caregiver and also some detail were entered from the case files of the patients. During the study, it was noticed that the forms were not filled completely and hence a clinical audit was also planned by the psychiatric rehabilitation team. The preliminary details of the audit were considered as full audit cycle is still in progress. The data collected was analyzed for adequacy and completeness of information during the initial assessment. The study was approved by the Institutional Ethics Committee.

## RESULTS

The total number of referrals for a period of 5 months was 216 and there were 197 forms available for the

study. A frequency analysis was done for the items recorded on the pro forma. The mean age of the sample was  $31.48 \pm 10.46$  years. The range was 16-66 years. The demographic details are given in Table 1. The mean years of education was  $12.06 \pm 3.34$ . Severe mental disorders schizophrenia and mood disorders were the most common diagnosis (68%). The commonest reason for referral was for vocational rehabilitation. Other reasons are given in Table 2. 40% of the patients had more than one reason for referral. 76% of them had adequate activities of daily living. Only 35% had adequate social functioning. Criticality was the most commonly noted negative expressed emotion (24%). Nearly 50% of the referrals had negative expressed emotions. 95% of them were compliant on medication.

The details that were completely filled in the form were age and gender. The other demographic details were filled in 90% of the patient's intake assessments. Details related to marital status and background was filled in only around 53% of the forms. Diagnosis, risk assessment, symptom status and compliance were mentioned in 90% of the forms. Expected duration of stay was filled in very few forms. Reason for referral, expectations from the referring units, family,

**Table 1: Demographic and clinical details**

Variable	Frequency (Percentage)
Gender	
Male	129 (66)
Female	68 (34)
Background	
Urban	75 (71)
Rural	31 (29)
Socioeconomic status	
Upper SES	20 (10)
Middle SES	116 (60)
Lower SES	55 (30)
Marital status	
Single	77 (74)
Married	27 (26)
Psychiatric diagnosis	
Schizophrenia and other psychoses	93 (47)
Affective disorders	41 (21)
Obsessive compulsive disorders	19 (10)
Intellectual disability	14 (7)
Others	29 (15)

SES – Socioeconomic status

**Table 2: Reasons for referral**

Variable	Frequency (Percent)
Vocational rehabilitation	141 (72)
Basic daily activities	25 (13)
Social skills training	35 (17)
Cognitive rehabilitation	6 (3)

understanding about the illness in, patient and family were filled in around 80% of the forms.

## DISCUSSION

This study highlights that vocational rehabilitation is the commonest reason for consultation for rehabilitation services. This aspect has been highlighted in various studies on rehabilitation needs.<sup>[1,4]</sup> There were more men referred than women. There may be many reasons for the same. The main reason could be that the belief that men are expected to work and earn a living. The sections could not have catered to the needs of women. There are also different rates of admission for women and men.

The referrals were predominantly from urban and semi-urban background, which may be the fact that patients from a rural background did not find any suitable options for them in the services offered. Most of patients from a rural background were involved in farming.

Patients with severe mental illness were most often referred to the in patient services. This indicates that we need to include rehabilitation in the management plan at the earliest. It indicates that more specific interventions for patients with severe mental illness need to be developed. 76% having adequate activities of daily living indicates that they are suitable candidates for vocational rehabilitation. Since only 35% had adequate social functioning, more emphasis has to be on this as part of psychiatric rehabilitation services as this is an important requirement for vocational functioning. Nearly 50% verbalizing negative expressed emotions is alarming as it can lead to relapse and hinder rehabilitation. Hence, family members need to be psycho-educated about the detrimental effects of negative expressed emotions and need for a warm family emotional climate. About 95% reporting medication compliance is quite reassuring and a positive sign for sustaining rehabilitation efforts, however, since these patients were in-patient's compliance rate might have been higher.

The preliminary audit findings highlighted various shortcomings. The areas which happened to be complete were those of age and gender. Duration of stay for rehabilitation services was hardly mentioned. This could be due to the fact that the referral form from the ward does not have a provision for the duration of stay to be entered by the referring unit, length of stay is unpredictable for the treating team itself, as many patients leave before the time necessary for treatment due to many reasons. The patient and family are often unaware of the duration of stay. The reasons for referral were not mentioned adequately as the family was not aware about the rehabilitation services *per se* and its role in the treatment of mental illness. Expressed emotions

were not mentioned as some of the patients who were referred were not accompanied by the family members and hence could not be assessed. Some of the patient's family members were still in the process of receiving information about the illness of their kin hence the family's understanding was not filled in.

This audit helped us in understanding the difficulties in the intake assessment form itself and recommended the revisions in the assessment forms.<sup>[5]</sup> The findings here also emphasized that training is needed for conducting the intake assessments. Methods need to be devised to get complete information about the intake assessment, as this would be helpful in planning the rehabilitation services. It would be worthwhile to reassess the pro forma after implementing methods to assure complete form records. A repeat audit would complete the audit cycle and would improve the quality of documentation.

This study also helped us in focusing on the felt needs of the patients and care givers and develop services tailored to the needs of the patients. Rehabilitation is an important component in management of psychiatric disorders. It is important to plan during the early phases and also to understand the needs of patients with mental health problems.

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