

Occupational performance of person with schizophrenia in community: Prediction during hospitalization

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Introduction: Independent functioning in the community (including ADL & IADL) is the ultimate goal of OT. There are universal trends to minimize the hospitalization period and refer to it as a transitional stage for reintegration into community (Elitzur et. al., 2002). This process results in changing occupational therapy practice in mental health inpatient units and revealing an issue of ecological validity of evaluation. Past research showed that cognition, illness symptoms and demographic variables influence the occupational performance of people with schizophrenia (Green, et. al., 2000, Henry & Coster, 1996). However, there are no findings regarding prediction of aforementioned factors and functional capacity during acute hospitalization at occupational performance after discharge. **Objectives:** The aim was to examine prediction of ADL and IADL performance in community by cognitive abilities, schizophrenia symptoms, demographic variables and performance-based measurement during acute hospitalization.

Method: 70 adults with chronic schizophrenia according to DSM- IV, were recruited from acute units of a mental health center in Israel. During hospitalization the Revised Observed Tasks of Daily Living was used as IADL capacity measurement, the Cognistat for cognitive screening, the Kitchen Task Assessment for executive function evaluation and the Positive and Negative Syndrome Scale for symptoms evaluation. ADL and IADL functioning at community were assessed with Physical Self-Maintenance Scale and Instrumental Activities of Daily Living Scale accordingly.

Results: The findings demonstrate that measurements can predict quite precisely occupational performance in the community. The IADL functioning was predicted mostly by OTDL-R (38.8 %), while ADL functioning was predicted more exactly with a holistic model that consists of cognitive abilities, negative symptoms and demographic variables (51.2%). The OTDL-R predicts ADL by 26.8%.

Conclusion: The results indicate that the extent of prediction of occupational performance in the community depends on the type of assessments used during hospitalization. The measurement of functional capacity in the same area of occupation is the best predictor, otherwise, it is recommended to use holistic approach in evaluation.

Contribution to the practice: This research provides an evidence base for evaluation process in inpatient settings as planning of intervention processes and appropriate community integration programs often occurs already during hospitalization.