0864

Discharge Support Programs for Persons with Mental Illness: The Role of Occupational Therapy in Community Mental Health Team

Shimada Takeshi[1], Kobayashi Masayoshi[2], Tomioka Noriko[3]
[1]Medical Corporation Seitaikai Takizawa Hospital, Nagano, Japan, [2]School of Health Sciences, Faculty of Medicine, Shinshu University, Nagano, Japan, [3]School of Health Sciences, Bukkyo University, Kyoto, Japan

Introduction

In Japan it has been pointed out that one fifth of psychiatric inpatient population of 320,000 could be discharged if community care services were adequately planned and provided. Support to facilitate the discharge of long-term psychiatric inpatients is thus crucial. We organized a community mental health team and provided discharge support programs for long-term inpatients. This report examined the role and function of occupational therapy in such a team by presenting two case examples.

Case examples

Case 1: This case involved a 63-year-old male long-term inpatient with schizophrenia. Hospitalized for 37 years, started to participate in discharge-oriented group work, he was discharged to a group home with a plan to develop practical life skills. Upon entry into the group home, he required extensive support by staff and visiting occupational therapist, such as dietary support, help with money management, and instruction in taking medication in order to maintain stable community life in a group home setting.

Case 2: This case involved a 33-year-old male patient with schizophrenia who was repeatedly admitted and discharged. He underwent evaluation of his cognitive behavior via occupational therapy and learned ways to cope with stress and symptoms signaling recurrence through psychoeducation. The occupational therapist managed the community mental health team, and his family and neighbors also received support.

Discussion

The presented cases indicate important aspects of support programs for long-term inpatients and for short-term inpatients with repeated hospitalization. The former should have a common policy based on a place-then-train model, allowing each member of the support team to facilitate the smooth transition from life in a hospital setting to life in a community setting. The latter should involve assessments and support programs for hidden cognitive behavioral difficulties behind repeated hospitalization. This leads to the provision of support programs for human environment such as families and neighbors. The occupational therapist can approach mental health care from a bio-psycho-social perspective and function as a link between life in a hospital setting and in a community setting. Team management is extremely important to meet with individual needs of on-going transitional processes to maintain stable community life.