

The Usefulness of Attending Meaningful Occupations in the Acute Phase of Occupational Therapy for Schizophrenia Patients

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Abstract

A patient with schizophrenia was admitted to an acute inpatient psychiatric ward due to discontinued medication use and the presentation of schizophrenia symptoms. The patient had poor understanding of the disease and corresponding medication use. During the course of hospitalization and occupational therapy intervention, it was discovered that pottery was a meaningful occupation for the patient in the past. Upon engaging in pottery during hospitalization, the patient's attitude toward the disease and medication use changed. In continuing to engage in pottery, the patient regained self-recognition and self-compassion and came to recognize the importance of continuing medication use and maintaining physical and mental health. Study suggests that approaching schizophrenia patients by focusing on "healthy parts" centering on the meaningful occupation of the subject can be an effective mental health rehabilitation approach. This approach based on a meaningful occupation has commonality with two frameworks for mental health recovery: the 'Recovery Model' and the 'Strengths Model'. Therefore, the use of meaningful occupational therapy should be considered be part of the framework for acute phase occupational therapy of schizophrenia and mental health rehabilitation in general.

Keywords: Schizophrenia; Acute phase; Meaningful occupation; Recovery Model; Strengths model

Introduction

In Japan, the number of hospitalized patients with psychiatric disorders exceeds 300,000; high-quality psychiatric medical treatment during an acute psychiatric phase is critical to enable early and timely discharge of hospitalized patients [1]. However, in order to shift to early home care (within 3 months of hospitalization) and enable subject recovery there must be improvements in psychiatric symptoms, and strength utilization of the individual, which can be facilitated with proper therapy [2].

A schizophrenia subject whose condition worsened was admitted to an acute inpatient psychiatric ward. The patient had a poor understanding of schizophrenia, the necessity for treatment and maintenance of mental health, and medication use. To stabilize the patient's medical condition and, ultimately, to enable a return to the workplace, occupational therapy was administered during hospitalization.

During the intervention, it was discovered that the patient found meaningful occupation, defined as an activity valuable to a subject [3], in pottery. Re-engaging in pottery changed the patient's perception of disease and medication use, which led to an improvement in the self-care. In occupational therapy, subject engagement in meaningful occupation is considered to contribute to improved quality of life and is regarded as an important intervention method regardless of the disability type [4].

The purpose of this research article is to show that occupational therapy focusing on a subject's engagement in Meaningful occupation is useful in acute psychiatric occupational therapy. This intervention

method, shares many commonalities to both the "Recovery model" [5] and the "Strengths Model" [5,6] which are important frameworks for current psychiatric medical care.

Outline of the Subject and Occupational Therapy Evaluation

The subject was female, in her 40s, and diagnosed with schizophrenia [3]. Three years ago prior to hospitalization, she the patient first visited the hospital because she was experiencing hallucinatory symptoms. Upon discharge, the patient continued her work as a clerk while participating in a continuing outpatient treatment program. However, upon disuse of antipsychotic medication for a year, the patient's psychiatric symptoms reappeared and the patient was hospitalized.

At the initial occupational therapy interview during hospitalization, the patient had noticeable symptoms of auditory hallucinations and paranoia. However, responses to interview questions were appropriate, and the patient demonstrated, understanding insight, and social abilities. The patient had a poor understanding of disease and associated medication use.

The patient expressed a desire to return to work, make an effort to exercise, and acquire computer skills to utilize for employment. Based off the patients requests (i.e., return to work, exercise, and gain computer skills) and the patients poor understanding of disease and medication use the factor leading for this hospitalization, the goals established for occupational therapy were:

- (1) To acquire exercise and personal computer skills
- (2) To deepen the understanding of the importance of schizophrenia and medication

(3) To in still medication use for the prevention of symptom relapse and ensuring a stable community life for the patient.

Accordingly, to achieve these goals, we planned four inpatient programs:

- (1) Individual exercise programs
- (2) Computer skills training
- (3) Psychological education of schizophrenia
- (4) Crisis plan creation.

Intervention Progress and Results

After hospitalization and intervention start, the patient participated ambitiously in the prescribed exercise program and computer skills training. This led to successful weight loss and the ability for Word entry on the computer. In addition, the patient psycho education on schizophrenia, in which she learned about the symptoms, treatment methods, and the importance of medication use.

However, the patient was still concerned about continual medication use throughout life, because of weight gaining side effects. The patient asked, "Do I have to continue taking medicine for the rest of my life? If I take medicine, I get fat with side effects, I will stop and troubled." The patient held this view even at the risk of symptom relapse and hospitalization, as evidenced by when she said, "I understand well that I will reappear if I stop my medicine, but I do not want to take medicine if possible."

Upon completing the psychological education for schizophrenia, the patient requested an alternative treatment method. The patient expressed interest in pottery upon observing other patients working on pottery. She explained, "I was in my 20s and went to a pottery class with a good friend before this disease, and at that time I enjoyed it."

Because pottery appeared to be of significance to the patient, pottery was considered as a meaningful occupation for therapy. Although refusing at first, the patient had a change in attitude and began participating in pottery. Pottery was incorporated into the patient's treatment program. As such, the patient continued the mandatory occupational therapy program of pottery, exercise, and computer, training.

The patient began to express enjoyment in pottery. She said, "I am glad that I can do pottery once more." The patient, on her own volition, began to attend the pottery room daily to make ceramics on her own time, which was accompanied by further improvements in. In addition, the mental and physical health of the patient improved as symptoms, such a hallucinations and the disease state became stabilized.

After 6 weeks of hospitalization, the patient received a crisis plan (Figure 1) and was discharged. According to the interview before discharge, the patient stated that, although she still had negative feelings regarding medication use, the re-introduction to pottery, as a meaningful occupation, enabled proper daily medication use with the assurance of a crisis plan in place.

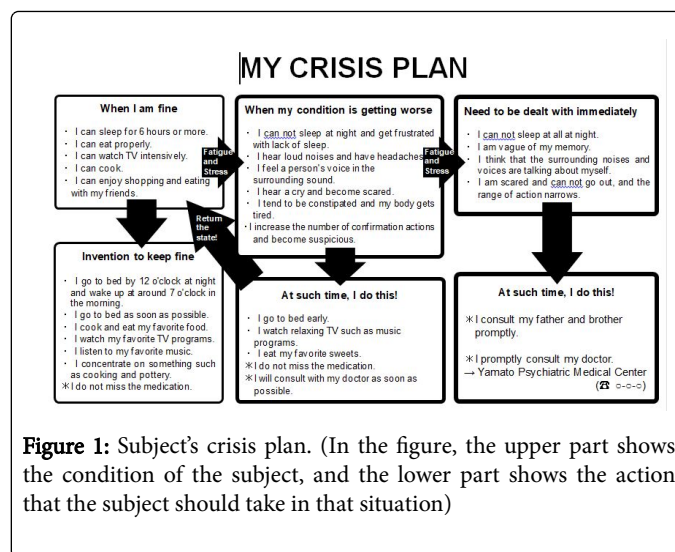


Figure 1: Subject's crisis plan. (In the figure, the upper part shows the condition of the subject, and the lower part shows the action that the subject should take in that situation)

Discussion

In this intervention, initially focused on patient understanding of disease and understanding and the necessity of medication use. However, the patient did not engage in all aspects of this program, particularly the understanding of medication use, and the patient was expected to be delayed in discharge from hospitalization and resume social life. As a result of identifying pottery as a meaningful occupation for the patient during the course of intervention, the patient was able to resume social life earlier than previously anticipated.

Patient engagement in meaningful occupation is similar to, both the Recovery Model and the Strengths Model for mental health rehabilitation. As in meaningful occupation, the Recovery Model focuses on the patient's problems transforming it into a relationship [5]. The Strengths Model turns its attention to the strengths and healthy parts of the patient to enable mental and physical health improvements [2]. The Strengths Model and the Recovery Model are related to each other in that the potential for recovery of the subject exists prior to utilizing the strength of the subject [2].

Daily medication use is required for the patient to experience the pleasures and rewards of pottery again and to reconsider a future healthy life. Through working on ceramics again, the patient felt strong motivation, reward, and competence, which was not felt in tasks such as psychological education, exercise, and computer use. Also, the patient's perception of medication use changed, and has since continued taking medication on a daily basis to maintain health

Conclusion

In this intervention, pottery was the meaningful occupation for the patient, that is, the relationship that aimed at the strengths and healthy parts of the subject is a relationship making full use patient strength. We, I believe that continuing medication use and fulfilling social and occupational reinstatement will lead to future recovery. Thus, this intervention is considered to be common to the "Recovery Model" and the "Strengths Model", which are regarded as important in today's framework of psychiatric medical care.

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