Introduction

Occupational rehabilitation of mental patients is undoubtedly an issue of major social and psychiatric importance. A significant number of chronic patients are readmitted to mental hospitals, primarily as a result of their poor social and occupational adjustment (i.e., difficulty in finding jobs and meeting job requirements) rather than as a result of their psychopathology (6). The aim of this study was to investigate which factors are associated with occupational rehabilitation of patients hospitalized at the Day Hospital of Athens’ University Psychiatric Clinic, Eginition Hospital.

Material and Methods

Our study dealt with the first 40 patients (26 males and 14 females) admitted at the Day Hospital of the Psychiatric Clinic of the University of Athens which began operating in December 1977. The patients were diagnostically classified as follows: 30 schizophrenic (75%), 3 neurotic (7.5%), 2 manic-depressive (5%), and 5 difficult to classify (12.5%) i.e., neurotic and character disorders or borderline cases.

The average age of the patients was 27 ± 8 years and the average duration of illness was 7.2 ± 4.7 years. 35 of the patients were single, 4 were married and 1 was divorced.

The average education of the patients was 12.35 ± 3.37 years. The educational level of the patients was evaluated according to the number of years of successful attendance at educational institutions. The patients’ status of previous employment was as follows: 12 university or college students, 6 employees, 5 skilled workers, 3 scientists, 2 sailors, 1 unskilled worker, 1 self-employed, 1 housewife, 3 in other occupational categories and 5 unemployed.

17 of the 40 patients had been unemployed for periods longer than 1 year, and 35 of the 40 patients had had at least one hospitalization in the past.

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The average length of stay at the Day Hospital was 102 ± 60.5 days, with average attendance...
of 60.6 ± 43 days. 5 patients discontinued treatment prematurely. During their hospitalization, all patients were given psychopharmacological treatment and 6 patients were additionally given electroconvulsive therapy (ECT). All patients participated in the group psychotherapy sessions. One of the basic discussion topics was the patients’ occupational experiences, difficulties and prospects.

The basic criteria for assessing occupational rehabilitation as satisfactory were the patients' stabilization in their role as employees and satisfactory productivity at work for a period of at least 3 months. As refers to the students, regular participation in seminars and lectures and satisfactory performance at examinations were considered as criteria for satisfactory occupational rehabilitation.

The group of patients who achieved job rehabilitation was compared to the non-rehabilitated group on parameters like age, sex, family status, living conditions (i.e., whether they lived alone, with their families, or with somebody outside the family), education, type of jobs held in the past, history of unemployment, type of insurance held, family history of schizophrenia or manic-depressive psychosis, premorbid personality (schizoid or not), age at onset of illness, diagnostic category, insight concerning illness, illness chronicity, number of previous hospitalizations, length of present hospitalization, treatment with or without ECT, patients’ commitment to the hospital’s daily schedule, family cooperation, etc. The comparisons on the above parameters concerned the total of the 40 patients and a sub-group of 30 schizophrenic patients.

Results

Occupational rehabilitation was achieved for 26 of the patients. 11 of these patients returned to their previous employment and 15 sought employment elsewhere. 14 of the patients were not rehabilitated.

The groups of occupationally rehabilitated and non-rehabilitated patients were compared, and statistically significant differences were found with respect to (a) chronicity of illness, (b) length of time spent in unemployment, and (c) patients’ sex.

The mean length of illness of the rehabilitated patients was 5.97 ± 3.86 years, while for the non-rehabilitated patients it was 9.56 ± 5.24 (t = 2.25, p < 0.05).

For the sub-group of the 30 schizophrenic patients, the mean length of illness for the rehabilitated patients was 5.85 ± 3.92 years, while for the non-rehabilitated patients it was 9.71 ± 4.99 years (t = 2.25, p < 0.05).

With respect to length of time spent in unemployment, 35.3% of the patients who prior to hospitalization had been unemployed for more than 1 year were rehabilitated, while this was the case with 86.7% of the patients who had been unemployed for less than 1 year (x2 = 11.47, p < 0.001) (table I).

For the sub-group of the 30 schizophrenic patients, 33.3% of those patients who had been unemployed for more than 1 year were rehabilitated, while this
was the case with 86.7% of the patients who had been unemployed for less than 1 year ($x^2 = 8.89, p < 0.005$) (table II).

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Table I. Occupational rehabilitation related to length of unemployment prior to hospitalization ($n = 40$)

Table II. Occupational rehabilitation of schizophrenic patients related to length of unemployment ($n = 30$)

Table III. Occupational rehabilitation related to length of unemployment ($n = 26$)

Table IV. Occupational rehabilitation related to the patients’ sex ($n = 40$)

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All rehabilitated patients with a history of unemployment of more than 1 year found a new job, while of the rehabilitated patients who had been unemployed for less than 1 year 55% returned to their previous jobs and 45% found new jobs ($x^2 = 5.72, p < 0.025$) (table III).

Similar findings were revealed with reference to the sub-group of the 30 schizophrenic patients. All those rehabilitated patients who had been unemployed for over 1 year found new jobs, while of those who had been unemployed for less than 1 year 46.2% returned to their previous jobs and 53.8% found new jobs ($x^2 = 3.46, p < 0.10$). 50% of the schizophrenic patients had been unemployed for over 1 year, while this was the case with only 20% of the patients who belonged to other diagnostic categories ($x^2 = 2.76, p < 0.10$).

With respect to the patients’ sex, 53.8% of the males were rehabilitated in contradistinction to 85.7% of the females ($x^2 = 4.06, p < 0.05$) (table IV).

For the sub-group of the schizophrenic patients, 47.4% of the males were rehabilitated contrary to 81.8% of the females ($x^2 = 3.44, p < 0.10$).

Chronicity of the illness was more marked for the males than it was for the females, both in the total of the 40 patients and in the sub-group of schizophrenic patients. More specifically, in the group of all 40 patients, the mean length of illness for the males was $8.32 \pm 4.89$ years, while for the female patients it was $5.2 \pm 3.53$ years ($t = 2.32, p < 0.005$). In the sub-group of schizophrenic patients, the mean length of illness for the males was $8.77 \pm 4.89$ years, while for the female patients it was $5.02 \pm 3.38$ years ($t = 2.47, p < 0.025$).

Hospitalization (in days) was more prolonged in males than it was in females. This difference tended toward statistical significance in the group of 40
patients, and it was statistically significant in the sub-group of the 30 schizophrenic
patients. More specifically, in the group of 40 patients the mean length
of hospitalization for males was 113.4 ± 63.79 days, while for the females it was
81.0 ± 49.07 days (t = 1.79, p < 0.10).
In the sub-group of schizophrenic patients, the mean length of hospitalization
for the males was 118.6 ± 42.47 days, while for the female patients it was
68.9 ± 45.07 days (t = 2.32, p < 0.05).
Commitment to the hospital’s daily schedule was stronger for the females
than it was for the males. A percentage as high as 57.7% of the male patients had
absences from the therapy sessions in contradistinction to only 14.3% of the females
(x² = 7.02, p < 0.01) (table V). Also, the male patients had 4.23 ± 4.96
absences from therapy sessions without excuse, contrary to the female patients
who had a mean number of 0.64 ± 0.93 absences without excuse (t = 3.58,
p < 0.005).
Similarly, in the sub-group of schizophrenic patients the mean number of
absences without excuse for the males was 3.58 ± 4.59, while for the females it
was 0.45 ± 0.69 absences (t = 2.91, p < 0.005).

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Table V. Absences related to patients’ sex (n = 40)

More males than females were late in the morning therapy sessions (57.7%
of the males contrary to 28.6% of the females (x² = 3.09, p < 0.10).
Male and female patients were differentiated (although to a not statistically
significant degree) with respect to the following parameters: premature discontinuation
of therapy (15.4% of the males versus 7.1% of the females) unemployment
for a period longer than 1 year (50% of the males versus 28.6% of the females),
and poor family cooperation with the hospital staff (20.8% of the families
of male patients versus 7.7% of the families of the female patients).
No statistically significant differences were found between the groups of rehabilitated
and non-rehabilitated patients with respect to the rest of the investigated
parameters. It should, however, be pointed out that there were more
schizophrenic patients in the non-rehabilitated group than there were in the rehabilitated
group. Also, the mean age and the mean education were greater for
the non-rehabilitated group.
With respect to the employers’ attitude on whether to employ or re-employ
our patients, it was noted that a percentage as high as 37.5% of employers were
aware of the patients’ illness, when employing or re-employing them.

Discussion
Most of the parameters on which the groups of occupationally rehabilitated and non-rehabilitated patients were compared have generally been related to the prognosis of mental illness (2, 5, 8).

The two groups were differentiated to a statistically significant degree with reference to the following parameters: chronicity of illness, length of time spent in unemployment prior to hospitalization, and patients’ sex.

More specifically, the non-rehabilitated patients, in the group as a whole and in the sub-group of 30 schizophrenic patients, had a longer mean length of illness (almost by 4 years) in comparison to that of the rehabilitated patients. This finding is in accordance with Mandelbrote and Trick’s (3) finding of a relationship between chronicity of illness and prolongation of hospitalization (which can be indirectly related to the difficulty in rehabilitation). Davis (1), in a study in an industrial therapy unit, also concluded that patients with more chronic mental disability seem to find more difficulty in their occupational rehabilitation.

In his description of the ‘ideal’ patient for occupational rehabilitation, Rost (7) stressed the importance of a good prehospital work record. Our findings are in keeping with this notion, since rehabilitation of our patients who had been unemployed for longer periods of time proved to be more difficult.

All rehabilitated patients who had previously been unemployed for over 1 year found new jobs, while of those unemployed for less than 1 year more than half returned to their previous jobs. This finding was more or less expected because the links of those patients who had been unemployed for longer periods of time with their employers and their general job settings weakened with the passage of time rendering their re-employment problematic.

As expected, there were more patients who had been unemployed for more than 1 year in the sub-group of schizophrenic patients than there were in the other diagnostic categories.

In our group of patients more women than men were rehabilitated. This finding agrees with that of Davis (1) who showed that significantly more rehabilitated women could hold their jobs in comparison to rehabilitated men.

Various factors may have contributed to this. For example, as revealed by our study, duration of illness and duration of the present hospitalization were greater for the males than for the females, commitment to the hospital’s daily schedule was stronger for the females rather than the males, and male patients had generally more absences from treatment sessions in comparison to females.

Also, although the differences did not reach statistical significance, more males than females discontinued treatment ahead of time, had been unemployed for periods longer than 1 year, and had families with poor cooperation with the hospital staff.
The group of non-rehabilitated patients was differentiated from the group of rehabilitated patients although to a not statistically significant degree, in that it had greater mean age and mean education and a greater proportion of schizophrenic patients.

More advanced age seems to be related to longer time in illness, which in turn seems to be related negatively to the possibility of occupational rehabilitation. The majority of the patients with a long period of education were students. Consequently, it is possible that rehabilitation for this group of patients was more difficult because the basic criterion for successful rehabilitation was strict, i.e., satisfactory performance at examinations, rather than any occupational involvement.

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The fact that fewer patients from the sub-group of schizophrenic patients were rehabilitated was expected, in view of the nature of their psychopathology and also in view of the poor work record of this sub-group. Finally, it should be stressed that a great number of employers of the rehabilitated patients were aware of the patients’ illness upon employing or re-employing them. It is generally believed that, mainly due to attitudes toward the mentally ill, there is lack of concern for the occupational rehabilitation of mental patients in our Country (4). In view of this, the existence of such a number of tolerant employers with understanding of the problems of psychiatric patients must be regarded as a very positive and encouraging sign, possibly indicative of change of attitude towards mental illness.

Summary

Factors related to occupational rehabilitation of 40 psychiatric patients (and a subgroup of 30 schizophrenic patients) hospitalized at the Day Hospital of Athens’ University Department of Psychiatry were studied. Rehabilitation was negatively associated to a statistically significant degree with: chronicity of illness, time spent in unemployment, and male sex. Time spent in unemployment was also negatively related to rehabilitation at the previous employment setting. More women than men were rehabilitated. Duration of illness and duration of present hospitalization were longer for men, commitment to the hospital’s daily schedule was stronger for women, and male patients had more absences from treatment sessions in comparison to female patients.

References

2 Kind, H.: Prognosis; in The schizophrenic syndrome, pp. 718-726 (Grune & Stratton,
Aspects of Preventive Psychiatry

In 18 contributions, this volume evaluates a diverse range of biological and social approaches currently applied in efforts to prevent psychiatric disorders. Both historical reviews and original reports are included. Several papers focus on the prevention or maintenance therapy of specific clinical conditions. These include psychiatric disturbances following gynecologic operations, the post-traumatic syndrome, recurrent schizophrenia and tardive dyskinesia. Also discussed are common side-effects with neuroleptics, sleep deprivation psychoprophylaxis, and use of tricyclic antidepressants in relapsing depressive illness. Other papers consider more general problems, such as suicide prevention, occupational rehabilitation, genetic counseling, and the importance of parents’ reactions to their mentally retarded children. Of particular interest are three reports on lithium treatment, where original research is presented to evaluate the applications, efficacy, and side effects of this therapy.

Many of the authors will be recognized as pioneer researchers in the field of preventive psychiatry.

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