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ORIGINAL ARTICLE

Factors Influencing Rehospitalisation of Patients with Schizophrenia in Japan: A 1-year Longitudinal Study

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KEYWORDS
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Summary *Objective/Background*: This longitudinal study explored factors influencing the rehospitalisation of patients with schizophrenia in Japan.
Methods: Participants comprised patients with schizophrenia who were discharged from a psychiatric hospital in Japan. The investigations were conducted at the time of discharge and one year later. Demographics and clinical characteristics included the following: the type of occupational therapy (OT) interventions (group and individualized or group only); the assessment scales' scores on hospitalisation; the community living conditions after discharge; and the contents of outpatient treatment (outpatient OT, day-care treatment, home-visit nursing, and adherence to outpatient treatment and medication). All variables were examined in a binomial logistic regression analysis to identify the factors for rehospitalisation.
Results: The rehospitalisation rate was 31.8%, as 14 of 44 participants were rehospitalised within one year after discharge. The type of OT interventions (OR = 7.05, 95% CI = 1.36–36.69, p = .020) and the adherence to outpatient treatment and medication (OR = 9.48, 95% CI = 1.82–49.33, p = .008) were significant contributing factors to rehospitalisation.
Conclusion: This study provided preliminary support for the finding that individualized occupational therapy and proper adherence to outpatient treatment and medication are associated with reducing the rehospitalisation of patients with schizophrenia in Japan.
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Introduction

Of the psychiatric inpatients in Japan in 2014, 62% were patients with schizophrenia, and the majority of these were repeated cases of hospitalisation (Ministry of Health, Labour and Welfare, 2015). Therefore, it is extremely important to prevent rehospitalisation and improve social functioning and functional outcomes in treatment for patients with schizophrenia.

The rehospitalisation rate is an important indicator of psychiatric care outcome; therefore, it is necessary to investigate the factors associated with rehospitalisation to improve the quality of psychiatric care. Previous studies in countries other than Japan have reported that various factors such as sex (Doering et al., 1998), age (Doering et al., 1998; Mortensen & Eaton, 1994), marital status (Wieselgren, Lindström, & Lindström, 1996), length of hospital stay (Lin et al., 2006; Mortensen & Eaton, 1994), symptoms (Wieselgren, Lindström, & Lindström, 1996), and medication adherence (Ascher-Svanum, Zhu, Faries, Lacro, & Dolder, 2006; Bodén, Brandt, Kieler, Andersen, & Reutfors, 2011) influenced the rehospitalisation of patients with schizophrenia.

Table 1 Summary of the Individualized Occupational Therapy Programme.

Programme	Description
Motivational interviewing	• Regular implementation of motivational interviewing • Intervention for improving motivational deficits • Promoting occupational therapy independence by agreeing the individual's challenges while in hospital & after discharge
Self-monitoring	• Physical exercise on a one-to-one basis with an occupational therapist • Positive feedback for improving subjective experience deficits • Metacognitive training
Individualized visit	• Support strategy for performing the activities of daily living away from the hospital room • Support with going out, utilization of social resources, & home visits prior to discharge were performed as necessary
Handicraft activities	• Utilization of constructive activities • Providing guidance on the accuracy of occupational performance & efficient use of instruments & materials • Bridging between improvements in cognitive impairment & daily functioning
Individualized psychoeducation	• Illness management programme • Relapse prevention programme • Development of a crisis planning
Discharge planning	• Living activities schedule • Care planning after discharge [a] • Skills training

[a] Occupational therapy manual: occupational therapy for acute mental disorders and discharge support program (Japanese Association of Occupational Therapists, 2011) was referred to for care planning development.

In Japan, Koyama et al. (2004) examined 266 patients who had been discharged from psychiatric acute wards and reported that age, the Global Assessment of Functioning (GAF) scale (American Psychiatric Association, 2000) score at discharge, diagnosis of schizophrenia, history of hospitalisation, and complication of a personality disorder were factors that influenced rehospitalisation. In addition, Uchiyama et al. (2012) examined 3,706 discharged psychiatric patients with schizophrenia and reported that disease duration, the length of hospital stay, and the GAF score at discharge were factors that influenced rehospitalisation. However, these previous studies did not investigate the impact of treatment, including occupational therapy (OT), for inpatients on the rehospitalisation of patients with schizophrenia.

We previously developed the individualized OT programme (IOT) and examined its effects on neurocognition, symptoms, and social functioning of patients with schizophrenia at a hospital setting (Shimada, Kobayashi, & Tomioka, 2014). Our previous study was a quasi-experimental controlled trial using a non-randomized design to evaluate the effect of adding IOT to a group OT (GOT) programme. The patients were assigned to either the GOT + IOT or GOT alone groups based on voluntary selection according to their preferences.

The IOT consisted of a combination of effective psychosocial treatment programmes: motivational interviewing, self-monitoring, individualized visits, handicraft activities, individualized psychoeducation, and discharge planning (Table 1). Motivational interviewing (Miller & Rollnick, 2002; Schulz et al. 2013) was regularly implemented to improve treatment adherence and maintain motivation for treatment. A self-monitoring programme was implemented to train patients to direct attention to their *self-body* and identify their subjective experiences. Activation of self-body sense was promoted through physical exercises such as stretching on an one-on-one basis by an occupational therapist. Metacognitive training (Moritz, Veckenstedt, Randjbar, Vitzthum, & Woodward, 2011) was implemented to enhance participants' self-efficacy and improve insight and metacognitive deficits with appropriate feedback. Individualized visits comprised of assisting with activities of daily living (ADL) during the first half of the hospitalisation through visits to the hospital wards and providing support with going out and social resource utilization during the second half of the hospitalisation. Moreover, occupational therapists provided home visits prior to discharge and coached in ADL after discharge. The therapeutic use of handicraft activities was an OT feature.

Constructive handicraft activities with clear procedures and good feasibility such as Japanese paper collages, plastic models, Japanese paper crafts, and jigsaw puzzles were used in the IOT. In order to promote cognitive

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