



How Expanded ICF-Environmental Factors can help to describe Individual Intervention Plans among psychiatric outpatients.

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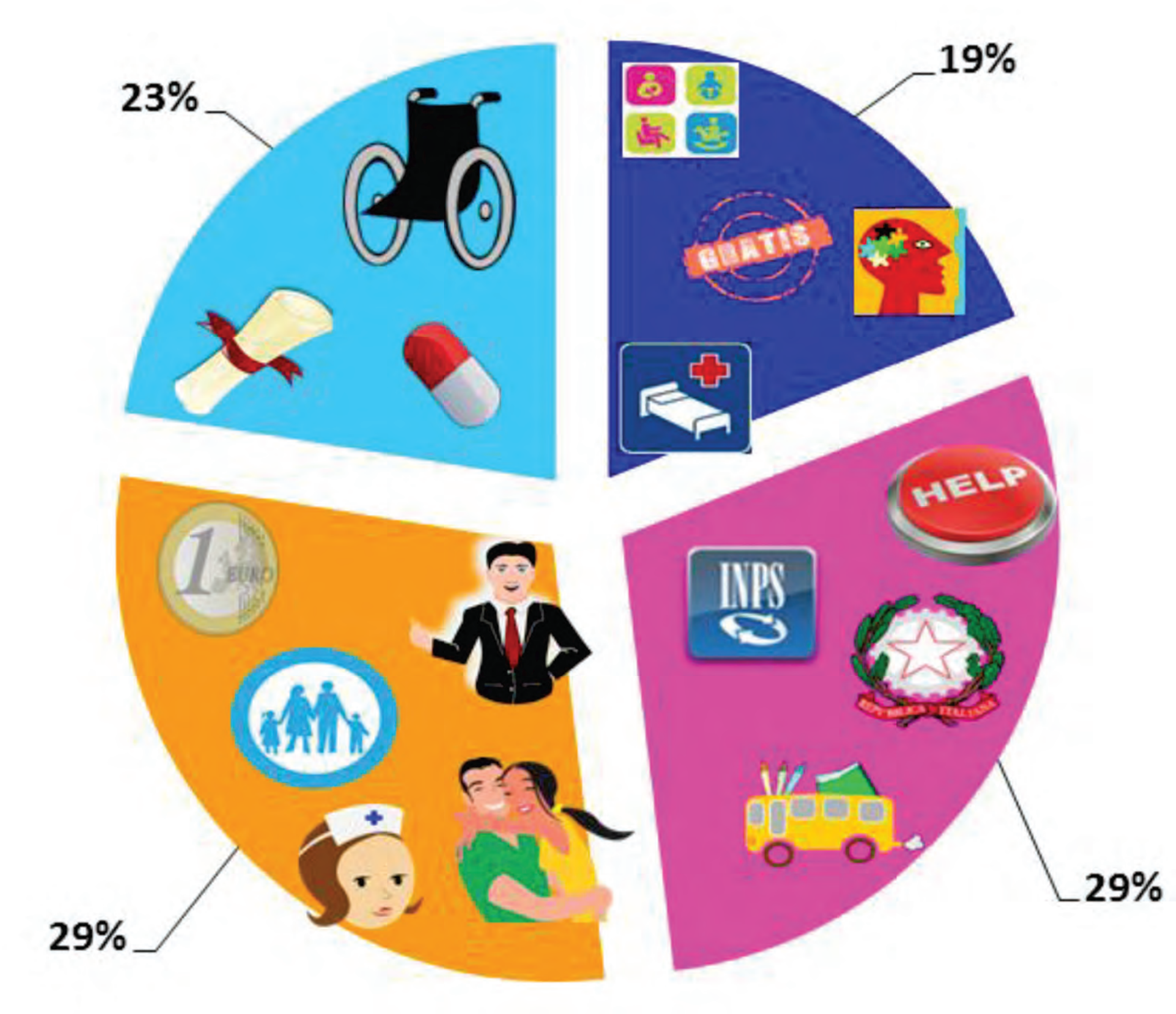
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**Abstract** The distribution of the components of Individual Intervention Plans (IIP) was analyzed in a sample of 133 psychiatric outpatients. The Expanded ICF-EF terms describing social interventions and persons who give support to the patient were the most used (30%). Medications showed the highest variability among the studied outpatients (0-27). The IIP was thus useful to analyze how different combinations of EFs may influence the outcomes of mentally-ill outpatients. It may also contribute to the debate on the development of the International Classification of Health Interventions.

Introduction

To describe Individual Intervention Plans (IIP) and their differences among a sample of psychiatric outpatients, using Expanded ICF-Environmental Factors (EFs) terms; to contribute to the development of the International Classification of Health Interventions with a specific target on mental health.

Figure 1 – Distribution of the four components of the Individual Intervention Plan (N=133)



Methods & Materials

Psychiatric outpatients were selected from the Mental Health Departments of the Friuli Venezia Giulia region (Italy) and evaluated with a new web ICF-based assessment tool, named VilmaFABER™ System. The system uses different medical/health classifications and terminologies, mapped to ICF-EF codes, to create Expanded ICF-EF terms, further grouped in four groups:

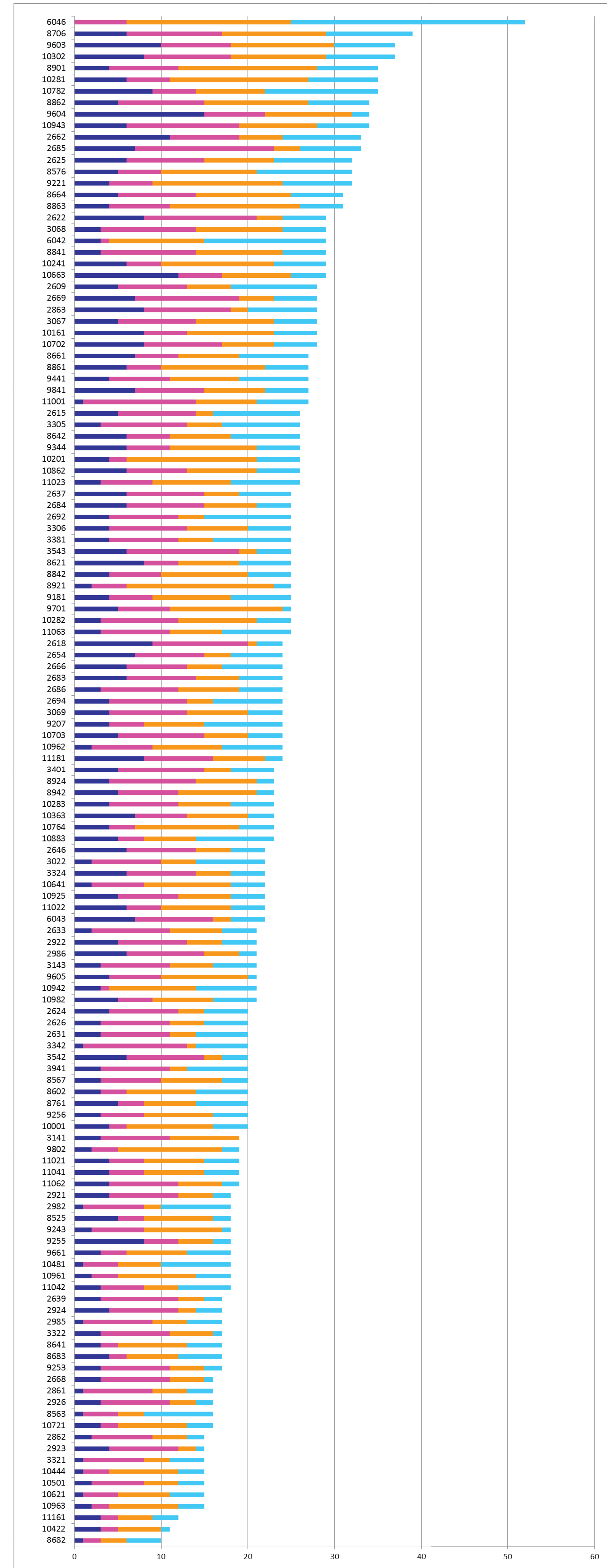
- health care (e580 expanded terms);
- professionals and non-professionals (Chapter e3 expanded terms);
- technology, personal resources and immaterial goods (Chapter e1 expanded terms);
- welfare (e570, e575, e585, e590 expanded terms).

The IIP was described for each patient by grouping the four groups of Expanded EF terms. Professionals and non professionals (i.e. parents, friends, etc.) were distinguished in the relations group. Pharmacological treatments were mapped to e110 Products and substance for personal consumption and distinguished from other items in technology, personal resources and immaterial goods group.

Results

The psychiatric outpatients evaluated during the years 2011-2013 were 133. Sixty-one per cent (N = 81) were males and 39% (N =52) were females. The mean age was 33.4 years. A total number of 3098 Expanded ICF-EF terms out of 93 ICF codes were obtained (Table 1). The Expanded ICF-EF terms describing social interventions (welfare group) and persons who give support to the patient (relations group) were the most used (29%), with a range per person of 0-16 (mean = 5.6) and 0-19 (mean = 6.8), respectively.

Figure 2 – Distribution of the four components of the Individual Intervention Plan by colors and Patient ID (N=133)



Terms describing health care services (care group) were the less used (19%), with a range per person of 0-15 (mean = 4.4) (Table 1; Figure 1). The relations group was represented by different professionals for 70%, with a range per person of 0 -12 (mean = 5.2). Ninety-five per cent of the technology group was represented by different pharmacological treatments, with the highest range per person of the sample (0-27; mean = 3.9).

Table 1 – Mean, median, range and total number of the four components of the 132 Individual Intervention Plan

Health Care (e580 expanded terms)	Welfare (e570, e575, e585, e590 expanded terms)
Mean: 4.4	Mean: 6.8
Median: 4	Median: 7
Range: 0-15	Range: 0-16
Total: 587	Total: 903
Professionals and non.professionals (chapter e3 expanded terms)	Technology, personal resources and immaterial goods (chapter e1 expanded terms)
Mean: 6.8	Mean: 5.2
Median: 7	Median: 5
Range: 0-19	Range: 0-27
Total: 911	Total: 697

Conclusions

Psychiatric outpatients were more likely to be provided social interventions, rather than health care interventions. This was confirmed at the individual level, with regard to the variability of intervention combinations and to the mean use per person. Medications showed the highest variability among the studied outpatients. This specific information permitted to describe the individualized plan of intervention by a larger number of EFs than those defined in ICF, useful to analyze how different combinations of EFs may influence the outcomes of mentally-ill outpatients. Further, it may contribute to the debate on the development of the International Classification of Health Interventions.

References

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