

## The Role of a Physician in Psychiatric Vocational Rehabilitation For oral presentation

Authors: Brynjólfur Y Jónsson MD, PhD. Janus Rehabilitation, Skúlagata 19, 101 Reykjavík, Iceland. E-mail: brynjons@mmedia.is. Vilmundur Guðnason MD, PhD, University of Iceland. E-mail: v.gudnason@hjarta.is, Hrefna Þórðardóttir, Janus Rehabilitation, Skúlagata 19, 101 Reykjavík, Iceland. E-mail: hrefna@janus.is, Unnur Alfreðsdóttir, Janus Rehabilitation, Skúlagata 19, Reykjavík, Iceland. E-mail: unnur@janus.is. Ómar Hjaltason MD, Janus Rehabilitation, Skúlagata 19, Reykjavík. E-mail: omar@janus.is. Iceland, Kristín Siggeirsdóttir. MSc. Janus Rehabilitation, Skúlagata 19, 101 Reykjavík, Iceland. E-mail: kristin@janus.is.

In Iceland, psychiatric diagnoses account for 37.6% of disability pensions according to official figures. Skeletal system diagnoses represent 29.2%. The clients of Janus Rehabilitation (JR) are almost exclusively individuals with a psychiatric history. In JR the clients have regular access to a somatic physician. This study analyzes the role of such physician in vocational rehabilitation.

All JR participants were examined by the same orthopedic surgeon in the period 2012-2015 and an analysis was carried out with respect to age, gender, duration of somatic symptoms and diagnoses. In total 142 clients were seen during the period. Women represented 64% of clients, with a median age of 30 (range 19-56). The median age for men was 35 (range 19-61). Twenty-eight percent had never contacted a physician before concerning their somatic condition and 36% had no previous tests.

Fifty-five percent had a known skeletal system diagnosis and 25% lacked a diagnosis. Eighty-three percent got a skeletal diagnosis from the orthopedic surgeon as a first diagnosis and 34% got an additional second diagnosis. In 68% of cases complaints could be resolved after one consultation. In more than half the cases physiotherapy/activity was prescribed and a referral to a specialist or an orthotic technician in 17%.

A physician affiliated to a large psychiatric rehabilitation unit is justified according to our findings. The presence of a physician facilitated a swift diagnosis and allayed participants' concerns over the feared harmful effects of activity. The practice was inexpensive with few clients referred to expensive investigations. Most consultations could be managed in a single visit. Having access to a physician on a regular basis makes our rehabilitation unit more efficient and improves direct contact with other professions. The rehabilitation of individuals with psychiatric disorders is a team effort which a somatic physician plays an important role in successful rehabilitation.