

# Mental Health Needs Assessment after Acute Inpatient Rehabilitation

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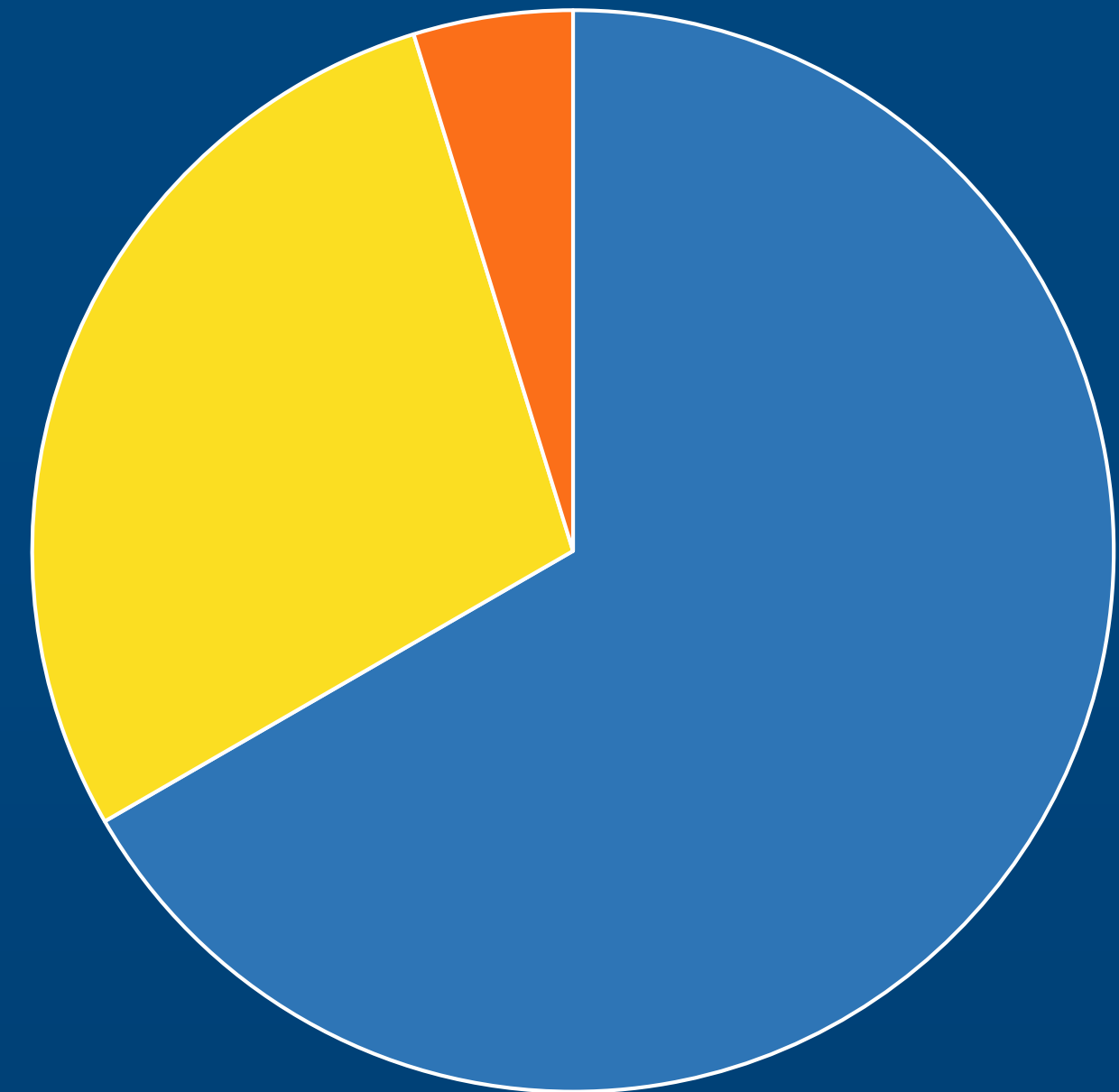
## INTRODUCTION

- Patients in acute inpatient rehabilitation face considerable challenges after discharge, including adjustment and adaptation to new or worsened injury or illness.
- These patients may benefit from mental health services (MHS), although the need and desire for mental health services are unknown.
- Further, these patients may face barriers to receiving mental health services.
- We sought to identify which barriers, if any, interfere with access to MHS after discharge from acute inpatient rehabilitation.

## METHODS

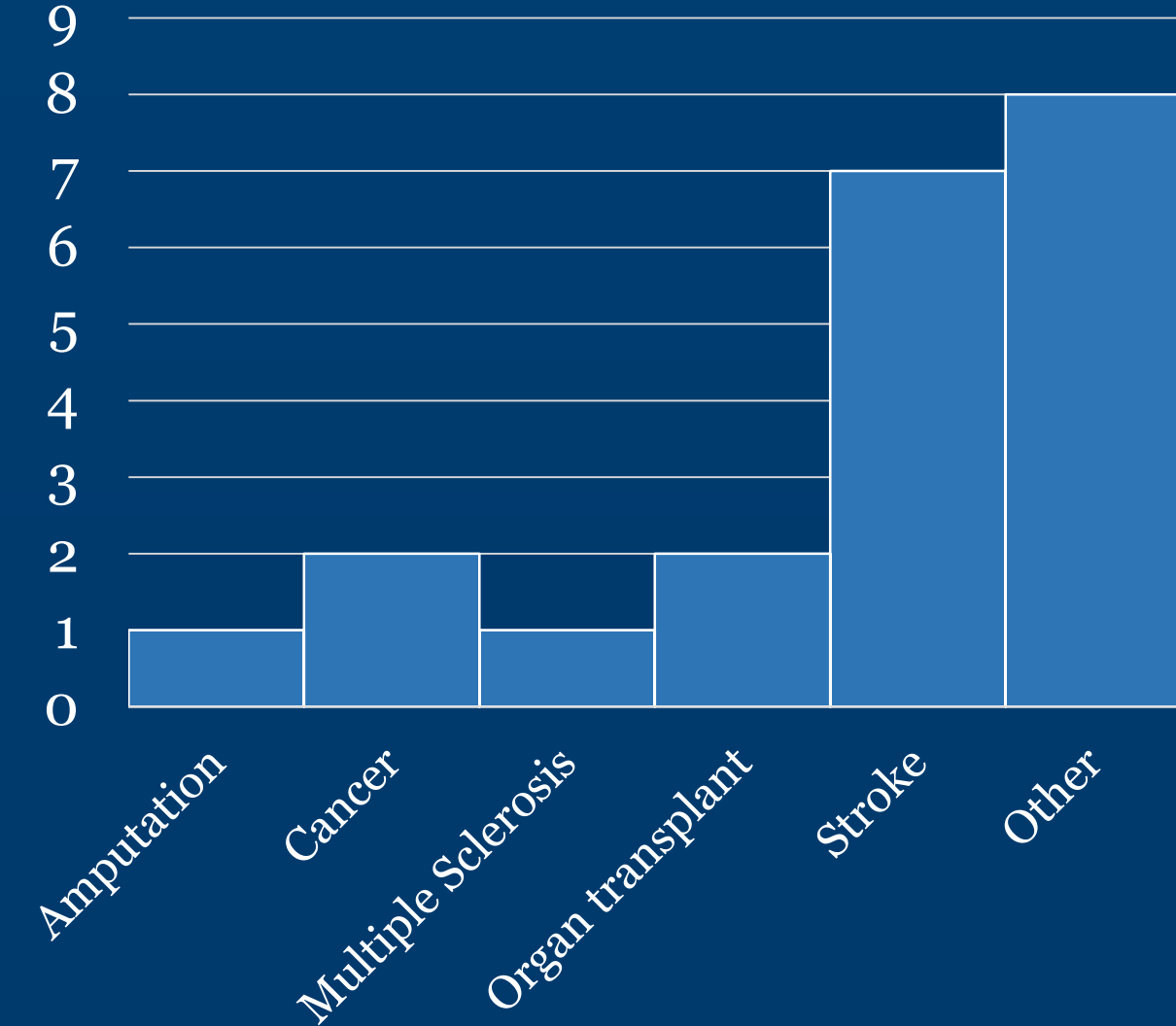
- We recruited patients by email and by MyChart messages.
- Eligible patients were adults discharged from acute inpatient rehabilitation at URMC in 2022.
- Twenty two patients responded out of the 205 we contacted, and 21 completed the survey.
- For patients who reported that they wanted to receive MHS after discharge but did not receive any, we used the Barriers to Mental Health Services Scale- Revised (44-item version), specifically the Extrinsic Barriers subscale.

# Mental Health Service (MHS) Access

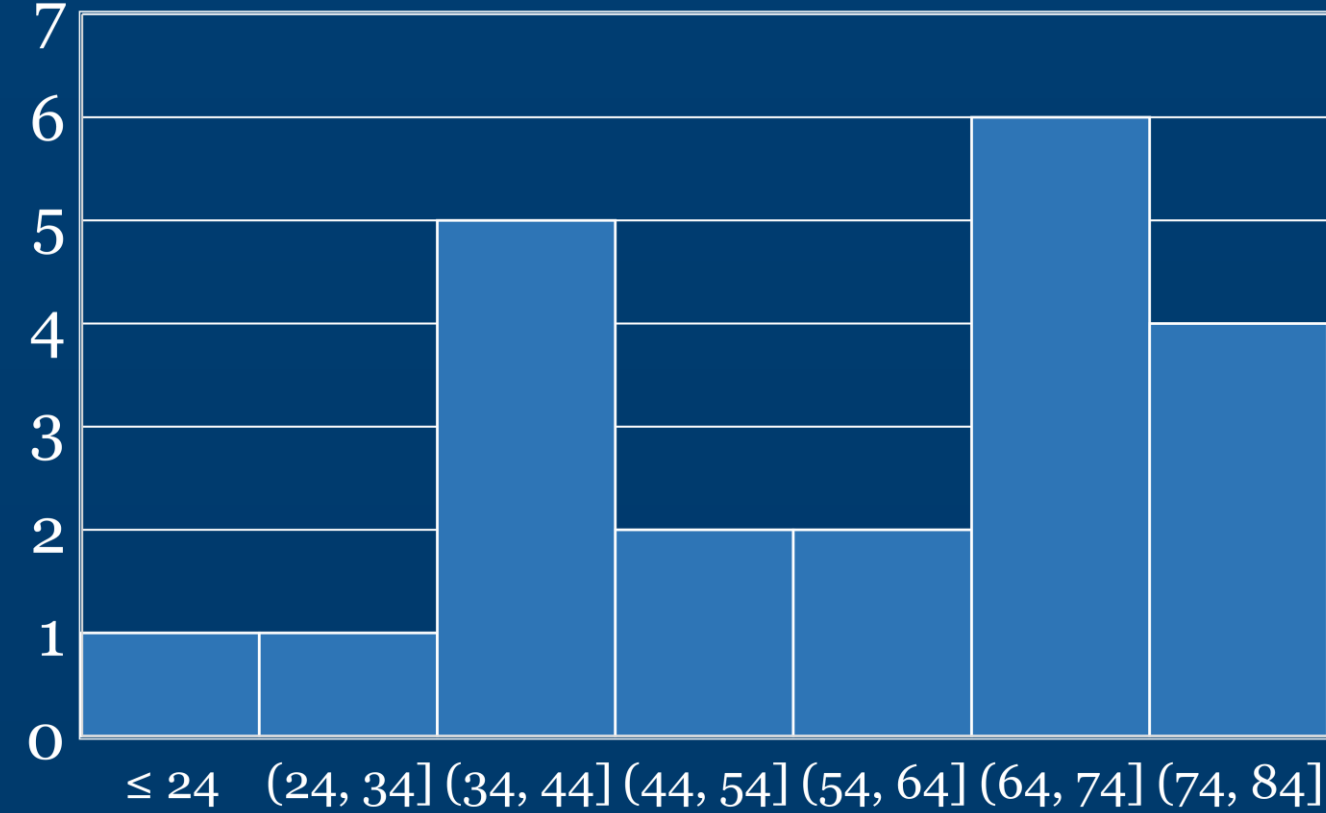


□ Did not want MHS    ■ Wanted MHS, received MHS    ■ Wanted MHS, did not receive MHS

## Rehabilitation Diagnosis



## Respondent Ages



## RESULTS

- Respondents were mostly women (n=11), with eight men and two transgender or nonbinary respondents. The sample was mostly white (n=17), with one Black participant, two Asian participants, and 1 whose race was unlisted.
- Of the 21 respondents who completed the survey, only one reported unmet mental health needs.
- Transportation barriers were cited as the primary factor in their lack of access to MHS.
- Payment concerns, ageism, and physician referral were not noted to be significant barriers.

## DISCUSSION

- Transportation barriers may be a worthwhile target to increase MHS access. Telehealth may have potential to bridge some of these barriers.
- Because surveys were sent in English via digital methods, patients not fluent in English or with low technology literacy were likely missed. These patients are more likely to face systemic barriers to MHS access. Therefore, this project likely underestimates barriers to MHS.
- Response rates were low, limiting generalizability of conclusions; higher response rate may be achieved by using phone calls or paper-and-pencil questionnaires in addition to email and MyChart messages.
- Future research with more comprehensive recruitment strategies can help clarify needs.

