PSYCHOSOCIAL REHABILITATION : ROAD TO RECOVERY

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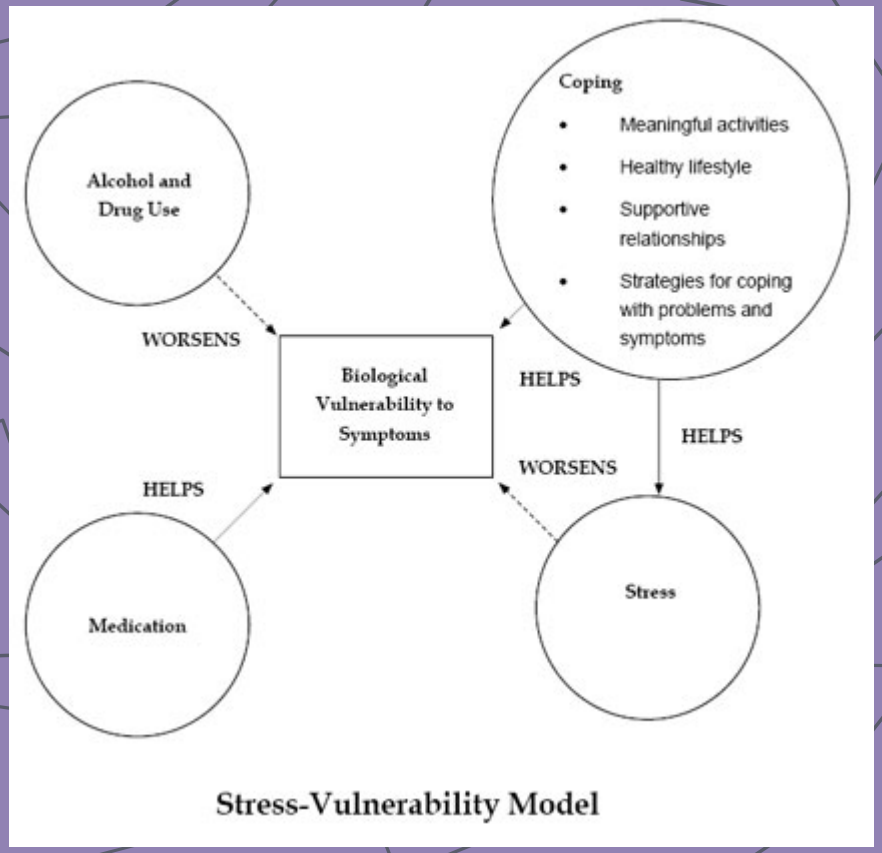
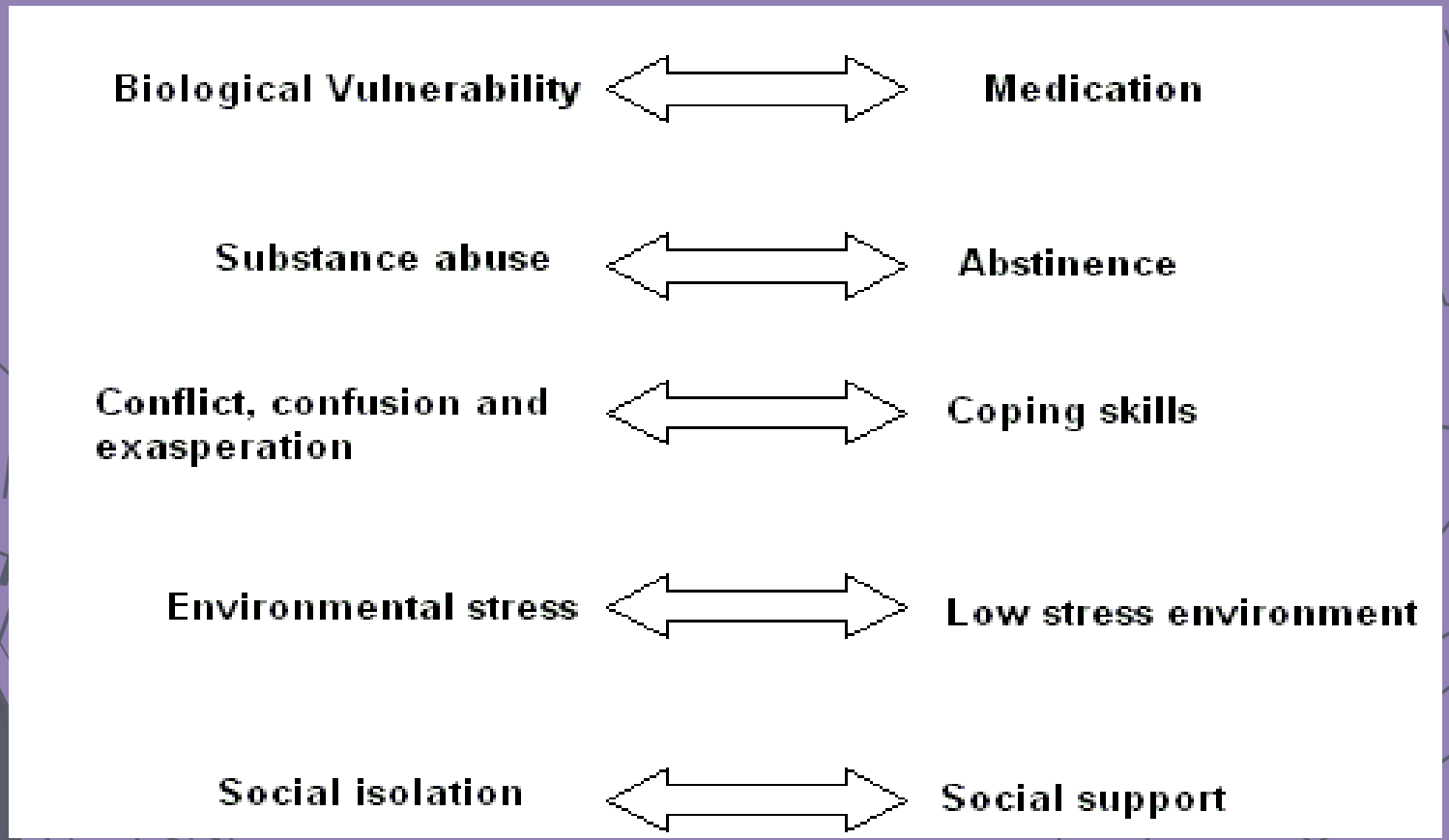
Definition of mental disorder relevant to rehabilitation

- Mental disorder is the result of complex interaction between biological, psychological and social factors
- Mental disorder may impair social and cognitive functionig essential for every day life and independent living.

Stress vulenerability model is usefull concept for rehabilitation

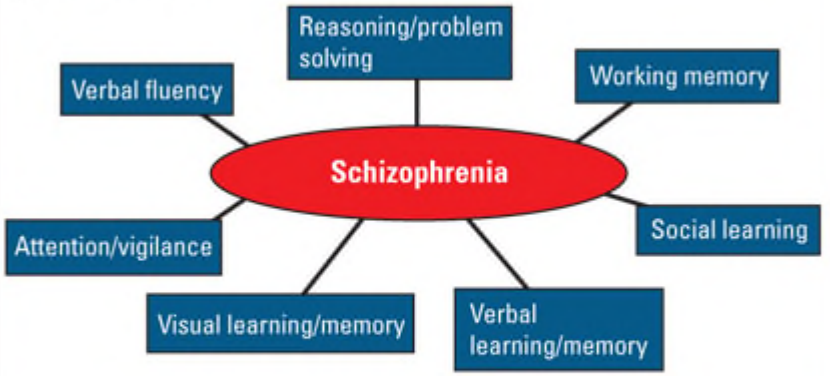


Relapse vs. Recovery
Risk Protective factors



Cognitive functioning

FIGURE.
Neuropsychological deficits in schizophrenia.[16]



The MATRICS group determined seven separable cognitive dimensions that are affected in schizophrenia.

MATRICS=Measurement and Treatment Research to Improve Cognition in Schizophrenia.

Sellin AK, Shad M, Tamminga C. *CNS Spectr.* Vol 13, No 11. 2008.

Recognize cognitive symptoms in planing the treatment

- Understanding cognitive abilities may help us learn how well a patient will do in different kinds of treatment programs : sociall skills, cognitive remediatiom, psychotherapy

The Protective and Risk Factors

- The protective factors: medication, psychosocial interventions (psychoeducation, work with family, social skills training, stress coping skills), self-esteem, good relation with therapist

- **the programs of rehabilitation is protective factor increase skills for everyday life**

- The risk factors: non takeing antipsychotic medications, poor social functioning, negative symptoms, tensions in family, drug abuse, poor skills, cumulative stress

Remission is posssible

Investigation	N	Year	Outcome
Bleuler (1972). Zurich	208	23	53-68%
Huber (1975). Germany	502	22	57%
Ciompi & Muller (1976).	289	37	53%
Tsuang (1979). Iowa	186	35	62-68%
Harding (1987). Vermont	269	32	62-68%
Ogawa (1987). Japan	140	22.5	57%
Harisson (2001). ISOS	269	25	67%

Harding has used "medical parameters for recovery": "…if there's no symptoms and signs of any mental illness, there's no need for medication, the person is working and functioning in the family, has good relations with friends and other people; is well integrated in community and acting that none can presume the previous psychiatric hospitalizations

The Quality of Life is the goal of rehabilitation

- The quality of life includes subjective feeling of well-being; functioning in everyday rutine, different roles and good social and financial situation for living
- The model of social functioning includes social competences, quality of relationships, life satisfaction, a number of close friends...
- The functions are rated from the self-care and basic skills for living to the relations to others in community.
- Independent living

Recovery from consumers writings

- *. . . a person with mental illness can recover even though the illness is not "cured" . . . . [Recovery] is a way of living a satisfying, hopeful, and contributing life even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness* (Anthony, 1993).

The Recovery

- The recovery is going over the symptom minimization or elimination and relapse prevention
- The goal is to **develop the skills** by amelioration of self-efficacy and self-esteem to help people to achieve the personal goals
- The skills are necessary for achievement of acceptable level of social independence and quality of life as well as the functioning in social roles
- The recovery helps people to find new goals and purposes in life after the experience of mental illness

Patients in Rehabilitation Need Empowerment

- Empowerment relates to recognition and development the strength (skills, competencies) that person has or can develop
- The experience of self-efficacy or self-esteem to achieve the desired goals
- Increased the level of self-accepting and self-confidence
- The attitude of hope and motivation
- The development of self-experience that persons are able to achieve the important goals in lives and to manage the lives on their own

Empowerment and disebilities

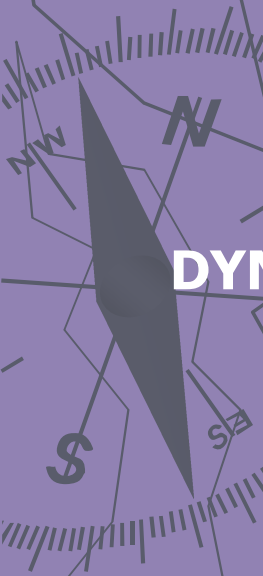
- The orientation toward empowerment doesn’t mean that we are going to neglect the difficulties and limitations the persons have,
- these difficulties have to be overcome in skilll training , support or both

The Optimism in Rehabilitation

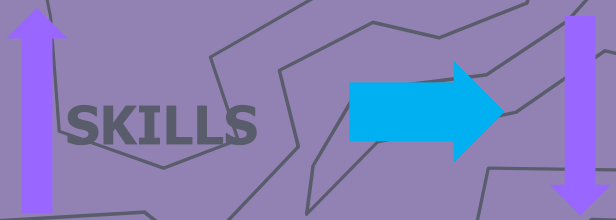
"when **empowerment, the concept of hope, reduction of incompetence and the adjustment to the environment** is implemented to reduce the handicap - the situation may become optimistic, even for the **persons who spend a long time in hospitals or social home** and lose the basic skills for everyday life"

REHABILiTATION

Mjxture of skills and support need for everyday life of person with mental disorder to live in the communiy



DYNAMIC PROCESS:



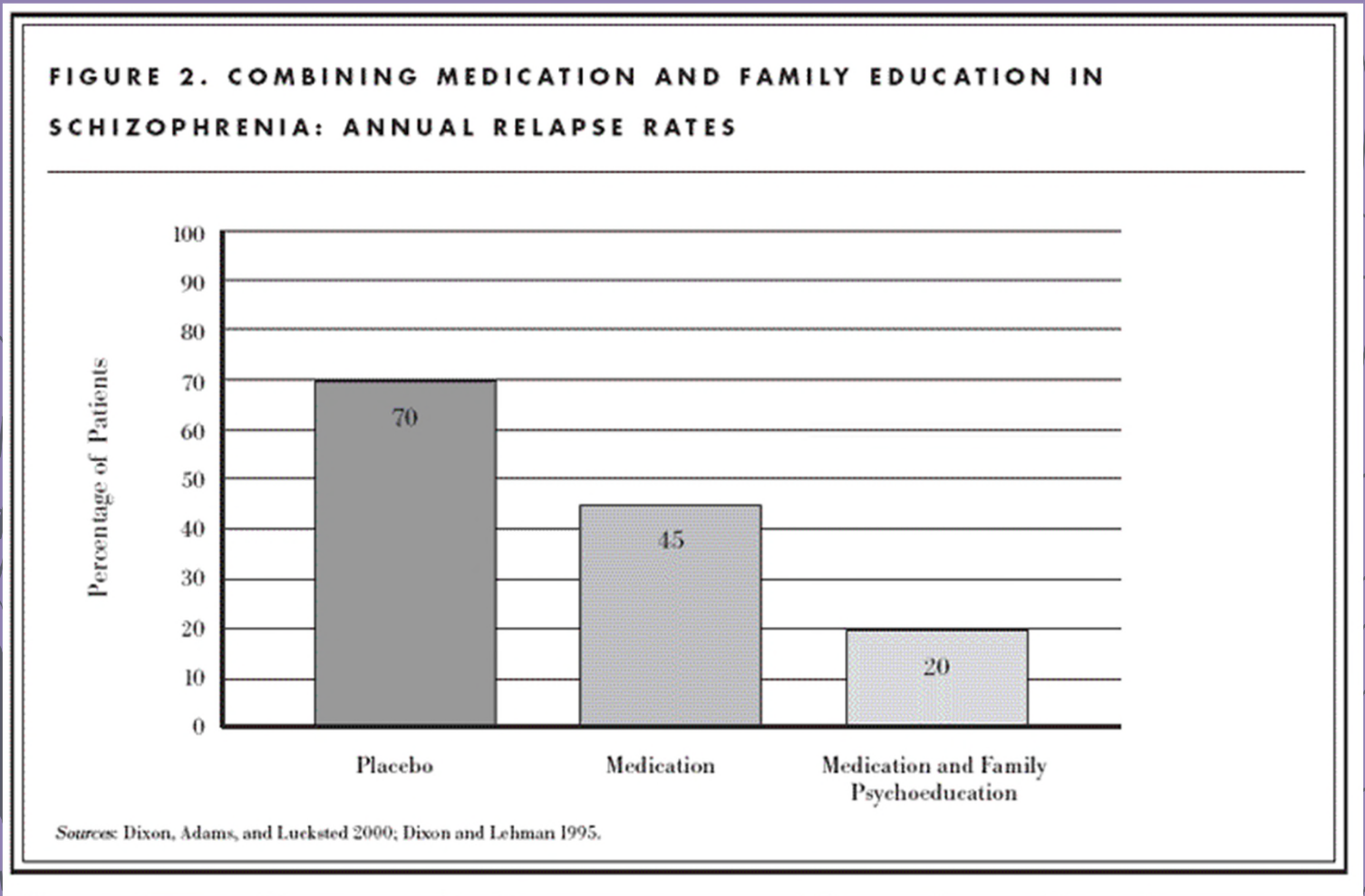
Evidence- based Psychosocial interventions:

- social skills training
- psychoeducation/ illness managment
- family education
- Case managment
- Supported employement
- Cognitive remediation
- Healthy lifestiles (wellness)

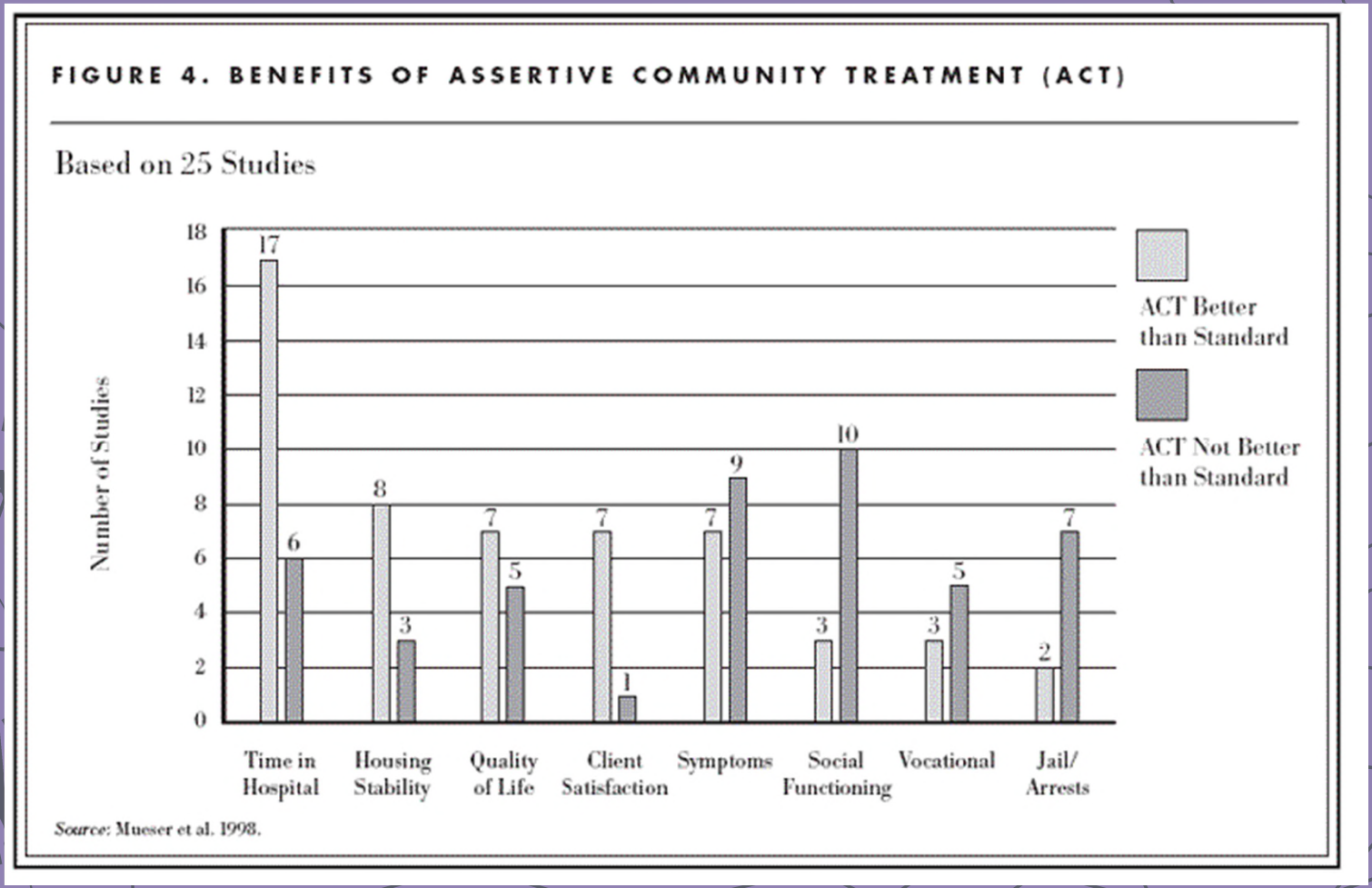
Medications is powerfull but not enought for recovery

- 70-90% good response on antipsychotic medication
- stop taking 70 % will have the relapse
- 10 to 15 % do not have positive response on medication
- 25- 30 % do not respond good on medications in folowing years (for example having delusions)
- 40% of patients relapse - even if they continue to take an antipsychotic drug.
- 75% stop medication within 18 months

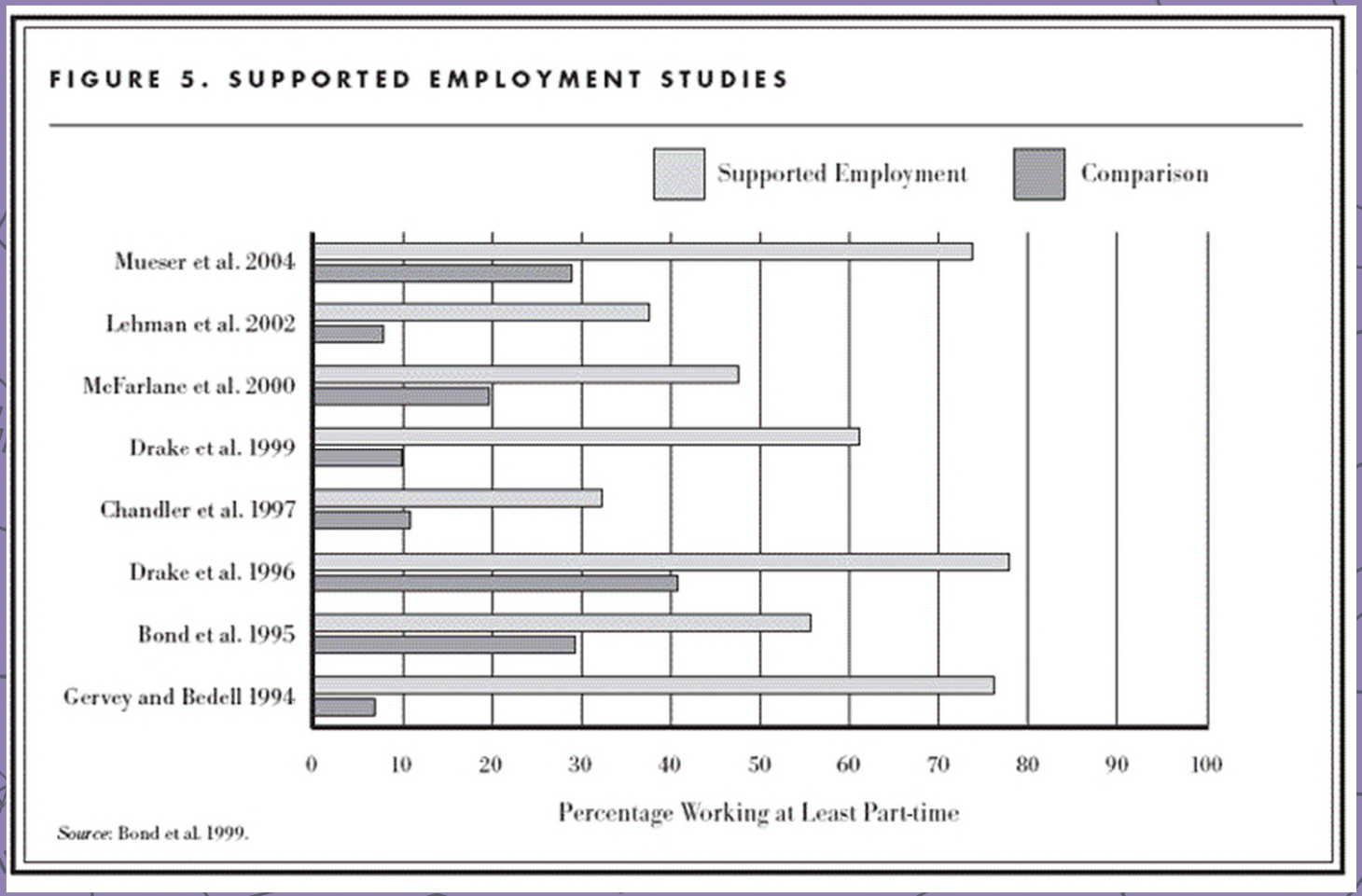
Relapse rates decrease combining medication and psychosocial treatment



Evidence for benefits of ACT from over two dozen controlled trials



Evidence benefits for supported employement



Social skills training

Social skills training increases the social functioning decreases the need

for hospitalization and reduces symptoms

- Traning of basic living skills **skills for day routine such as personal hygiene, cooking, house holding, money managing, public transport, etc**
- **Social skills training** **communication skills**

- This skills are necessary for person to live safely and comfortable in community.
- The training of skills has to be orientated to real life situations.

Psychoeducation/ilness managment

- giving information about illness in therapeutical relationship
- process during which the person understands what the symptoms of illness is, how it influences his life and what he can do for himself to fell better.
- The person learns how to recognize the symptoms, differ the symptoms from the personal characteristics, early waring signs , risk and protective factors.....
- Relapse prevention plan
- Coping with stress and anxiety

Family interventions

- educate families about mental ilness, provide support,
- coping with behavior patterns that negatively influences the recovery (hyper protective and over criticizing behaviors)
- The data strongly and consistently support the value of such interventions in reducing symptom relapse (0-20% vs 40%), and there is some evidence that they contribute to improved patient functioning and family well-being.

What is Case Management?

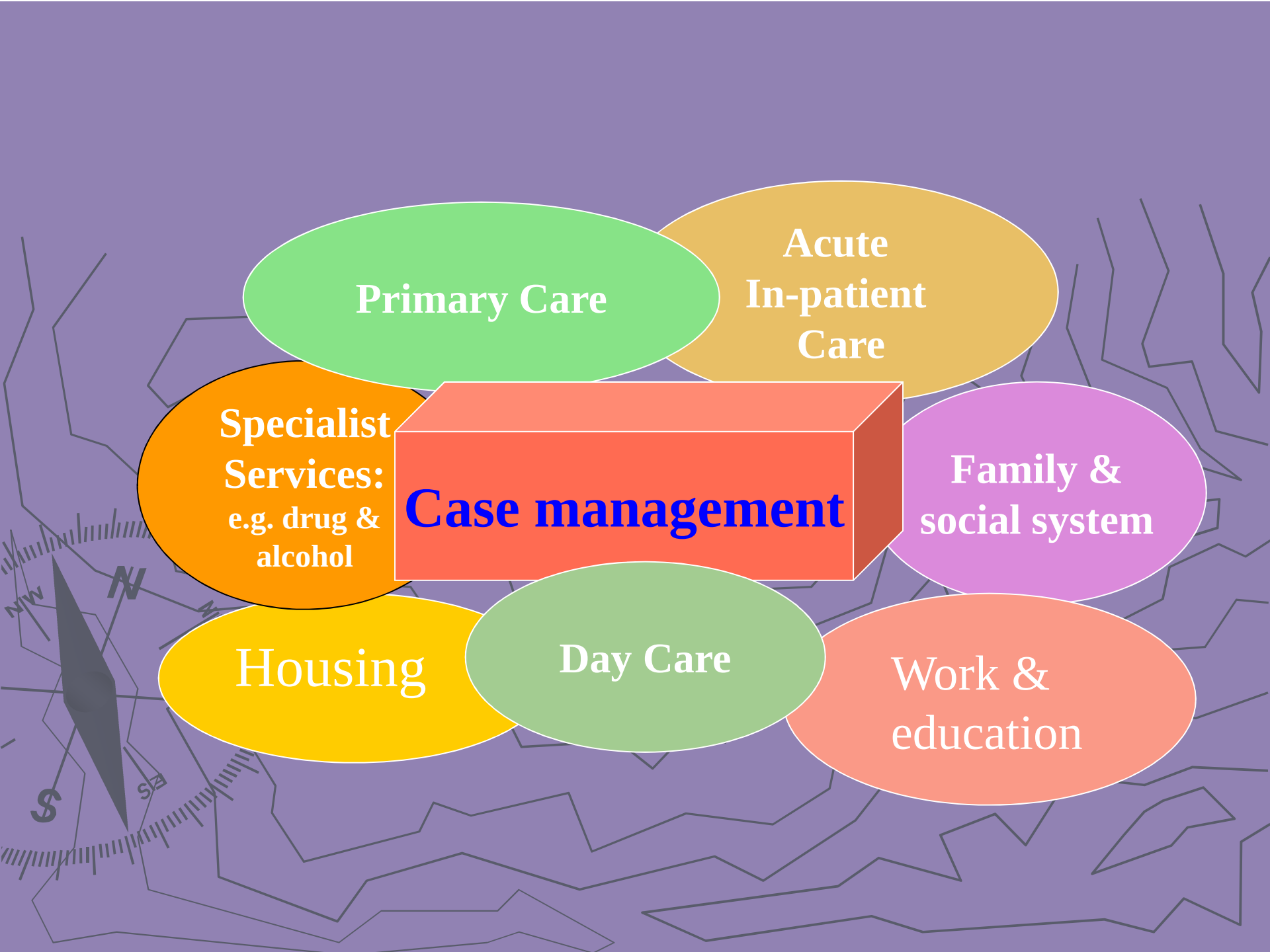
- ` a modality of mental health practice that in co-ordination with the traditional psychiatric focus on biological & psychological functioning, addresses the overall maintenance of the mentally ill person's physical & social environment with the goal of facilitating his/her physical, personal growth, community participation & recovery from or adaptation to mental illness' (Kanter 1989)

Case managment

- The coordination of treatment is process where one person takes responsibility for long-term supportive therapeutic relation independably where patient is and how many different services is included in his treatment (Intagloiata 1982).
- The case managers are often social workers, occupational therapist , psychologists, nurse

Asertive Community treatment

- includes the multidisciplinary team
  in term to carry on all necessary procedures of the treatment out from the institution in the community in the familiar environment of patients (in his home, working place, etc)
- The treatment lasts an unlimited period.
- Usually staf patients number 10:1.
- provides the training in the every day life skills, symptoms and medication managment, support and education of the family members
- The team24-hours of disposal. has the all responsibility for the treatment of patient.


Primary Care
Acute In-patient Care
Specialist Services: e.g. drug & alcohol
Case management
Family & social system
Housing
Day Care
Work & education

Vocational training and supported employement

- The training of skills necessary for employement, such as: to come on time, proper clothing, ability to do tasks in a certain period of time, following the instructions, relations with coworkers and chiefs.
- The supported employment means the help in finding and maintaining the job and support on real work place – job trainer .
- The support in employment has to be coordinated between the experts in the field of employments, case manager, psychiatrist and rehabilitation team.

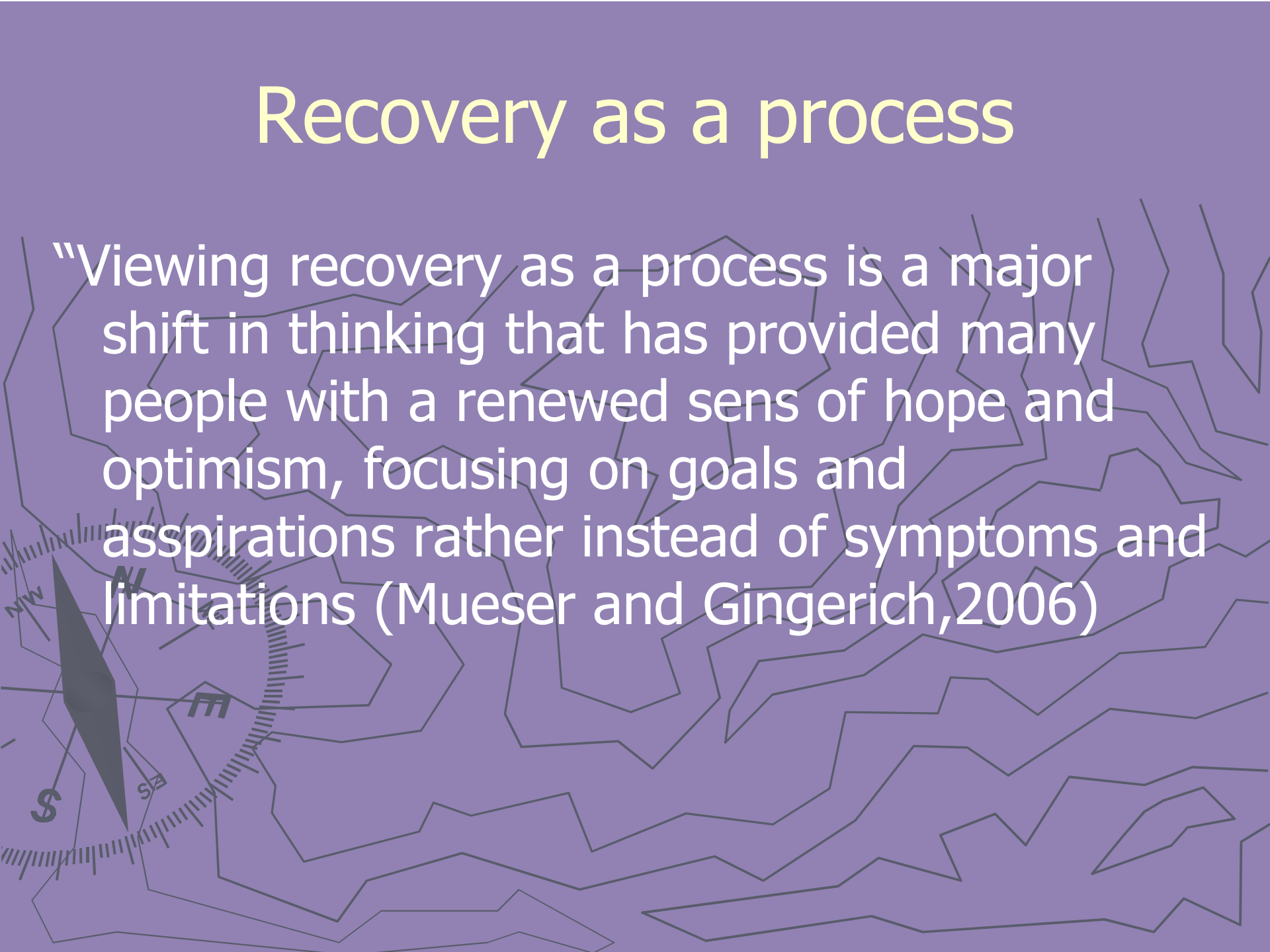
Stigma and discrimination

Stigma sometimes may be greater limitation to recovery than the illness itself.

- The identification of patient attitudes and experiences related to stigma as well as the attitudes of staff.
- The therapeutic plan for coping with selfstigmatization and/or stigmatization has to be essential part of rehabilitation.

Recovery as a process

"Viewing recovery as a process is a major shift in thinking that has provided many people with a renewed sens of hope and optimism, focusing on goals and asspirations rather instead of symptoms and limitations (Mueser and Gingerich,2006)



Is My Life Ruined ?

NO

- REHABILITATION IS THE ANSWER