

Psychosocial Rehabilitation

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Abstract

Psychosocial rehabilitation (PSR) is a process that facilitates optimum level of functioning among individuals with psychiatric illness and enhances their quality of life. It is a multidimensional approach that involves a team of mental health services and the process begins from the time the person is admitted into a hospital. The goal of the PSR service is to integrate the mentally ill person back into the community and is achieved through various interventions such as symptom management, psychoeducation, vocational rehabilitation, social skills, and life skills training.

Keywords: Psychoeducation, psychosocial rehabilitation, quality of life, social skills and life skill training, symptom management, vocational rehabilitation

INTRODUCTION

The burden of mental illness is on the rise and is increasingly recognized by the health authorities of the government. Psychiatric treatment and psychiatric rehabilitation are separate, yet equally important complementary components of mental healthcare.^[1] Often the focus of care in mental health is functional recovery, not cure. Disability associated with mental illness is a major contributor to the global burden of disease.^[2] Psychosocial rehabilitation (PSR) helps the mentally ill individuals to successfully integrate back into the community with the maximum functioning ability and improved quality of life.^[3]

DEFINITION OF PSR

PSR is a process, which provides opportunities for persons who are impaired, disabled, handicapped by mental disorders, to reach optimum level of independent living functioning in the community.^[4]

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ORIGIN

Mental health and illness and the concept of caring the sick exist since time immemorial. The idea of Asylum for mentally ill was from the British as they were ruling the country during the Pre-independence Era, it was more of custodial care than curative.^[5] Mentally ill patients were placed in asylums that were situated away from the main stream of community, to protect the community from them; not to treat them as they were considered dangerous.^[6] The shift from institution-based care to community-based care occurred after the advent of advances in medicine, psychodynamic psychiatry, and biological psychiatry. This initiated discharge of mentally ill patients into the communities to be cared for the family and many hospitals were closed down. The families and the community were not adequately prepared to care for the mentally ill, causing the re-institutionalization of the mentally ill patients.^[7] This gave way for the noble yet challenging concept of rehabilitation of mentally ill.

PROCESS OF REHABILITATION

The process of PSR begins when the person is still in hospital as it is a part of treatment of mentally ill patients. When a person is diagnosed with mental illness, the person undergoes two different phases of treatment involving acute care treatment and the rehabilitation. The acute care treatment involves managing the symptoms of the person and reducing the severity of the

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illness. Various modalities of treatment used in the acute phase are medications, hospitalization, psychotherapy, behavior therapy, milieu therapy, and electroconvulsive therapy. In the past recovery from mental illness was considered as the ability to reach pre-morbid level of functioning. However, the current views on recovery focuses on the person having control of life than just control of symptoms.^[8] Some patients will reach the pre-morbid state of functioning with the treatment; however, others might not be able to. It becomes imperative to use the PSR services for individuals who are not able to reach the pre-morbid level of functioning. The members of the mental health team assess the skills of the patient, discuss with the patient and the family regarding the plan of care and rehabilitation. After educating the family about the illness and the effects of the illness on the patient, together, the strengths, interests, and the limitations of the patient are identified. The team works towards maximizing the strengths and accepting the limitations. When the individual and the family recognize the situation realistically their expectations are more realistic. The rehabilitation process aims at improving emotional, social and intellectual skills needed to live, learn, and work in the community with the least amount of professional support. While planning for the rehabilitation services the disability that results from the illness and the stigma and discrimination that exist in the community has to address for proper utilization of the services.^[9]

MEMBERS OF THE PSR TEAM

PSR is a multidimensional approach to rehabilitate patients thus requires a team of people from various disciplines including a Psychiatrist, Psychiatric nurse, Occupational therapist, Psychologist, Psychiatric social worker, Counselor, Outreach worker, and a Physician.^[3]

OBJECTIVES OF PSR

The objective of PSR focuses at the level of individual and at the level of society to attain the expected goals. The individual-level interventions include: symptom reduction, vocational rehabilitation, and enhancing social skills and life skills. These interventions help an individual to prepare him to integrate back into the community. The societal level interventions include: reducing stigma and discrimination and improving social support. These interventions prepare the community to receive the individuals with mental illness and accept them.^[4,10,11]

Symptom management

A mentally ill person who is non-compliant to drugs has an increased chance of relapse of symptoms.^[12] The first and essential way of rehabilitating a mentally ill involves, ensuring that the patient takes the medicines on time to keep the symptoms under control and improve the functioning ability. The patient and the empowered to take responsibility of taking medications as prescribed. When not possible the family is involved.

Psycho education

Stigma and discrimination of mentally ill persons and their families are mainly because of lack of knowledge and lack of contact with people having mental illness. When people have increased awareness about the causes, symptoms, and management of mental illness the myths about the illness are replaced with factual information.^[13] Direct or indirect contact with people with mental illness or family members with mental illness also helps in reducing the stigma and discrimination.^[14] Psycho-educating the patients and families also helps in enhancing their understanding and improves their co-operation with treatment, better cope with the illness, reduces self-stigmatization, and prevents relapse thus maintaining a good quality of life.^[15]

Vocational rehabilitation

Persons with mental illness are discriminated and stigmatized, that prevents them from getting opportunities to be employed in the society.^[3] Thus, the focus is on finding a job/work for a mentally ill person. This offers opportunity to improve contacts with the members of the society, promotes self-esteem, enhances feelings of being independent, improves the quality of life, and also to ensure that the person is integrated back into the society.^[14]

There are various steps involved in vocational rehabilitation such as skill assessment that would help in identifying the skills of patient, then skill training sessions for patients to improve their skills in specific areas of deficit. Following the successful training, the patients will be placed in transitional employment setting to observe and monitor their performance and finally will be placed in a supported or competitive employment setting depending on the skills and capabilities of the patient. When a person with mental illness is able to work productively in his job it hastens the process of recovery, improves his self confidence, and equips the person to adapt to the challenges in life.^[3]

Social skill training

The inability to express thoughts, feelings, and emotions appropriately by patients with psychiatric illness could be due to the nature of the illness or because of the early onset of illness that restricted the ability of the person to learn new skills or practice newly learned skills.^[16] Communication difficulties experienced by persons with mental illness are difficulty in initiating and maintaining a conversation, feeling isolated and not wanting to talk to anyone, difficulty finding words to express their views, and unable to use assertive communication skills. The cognitive deficits associated with mental illness impair the person's ability to speak, read, write, understand, think and communicate socially.^[17] The social skills can be taught by individual and group training sessions using videos and role plays. Therapeutic milieu and family provide opportunity to exercise the learnt social skills.

Life skills training

The life skills training helps individuals to become independent and thus improves the quality of life. There are many

components such as domestic skills (cooking, cleaning the utensils, washing clothes, and keeping the house tidy), self-care skills (brushing, bathing, dressing, combing hair, and shaving), financial management (shopping, budgeting), time management communication skills, and community living skills helps in preparing the individuals to reintegrate them back into the community.^[15,18]

ROLE OF NURSE

Hospital

The nurses working at the psychiatric hospital not only plan to care for the patient during the time of hospitalization alone, but also consider the integration of patient back to the community and plan the care. From the 1st day of hospitalization, the nurse should focus on rehabilitation and assessing the strengths, inters personal skills, and the ability to perform the activities of daily living and take measures along with the other members of the mental health team to help in rehabilitation.

Community

At the level of community, the nurse has to make regular home visits, ensure that patient is compliant to the treatment regimen, and psycho-educate the patient and the family about the disease condition and the need for regular intake of medicines and follow-up. The community mental health nurse should monitor the patient symptoms of the patient and watch for any early signs of relapse or recurrence. The nurse should also be able to find various community resources for the mentally ill person to get support and benefit. The nurse also has a significant role in enabling the family to provide help and support to the family.

CONCLUSION

The impact of mental illness is evident not only on the person but on their families too. PSR focuses on what a person is capable of and can rather than what they cannot. PSR facilitates independent living and enable integration of patients' back into the community to lead a life of satisfaction.

REFERENCES

1. Chandrashekar H, Prashanth NR, Kasthuri P, Madhusudhan S. Psychiatric rehabilitation. *Indian J Psychiatry* 2010;52:S278-80.
2. Chaudhury PK, Deka K, Chetia D. Disability associated with mental disorders. *Indian J Psychiatry* 2006;48:95-101.
3. Saha S, Chauhan A, Buch B, Makwana S, Vikar S, Kotwani P, et al. Psychosocial rehabilitation of people living with mental illness: Lessons learned from community-based psychiatric rehabilitation centres in Gujarat. *J Fam Med Prim Care* 2020;9:892-7.
4. Deva P. Psychiatric rehabilitation and its present role in developing countries. *World Psychiatry* 2006;5:164-5.
5. Nizamie HS, Goyal N. History of psychiatry in India. *Indian J Psychiatry* 2010;52:7.
6. Daund M, Sonavane S, Shrivastava A, Desousa A, Kumawat S. Mental hospitals in India: Reforms for the future. *Indian J Psychiatry* 2018;60 Suppl 2:S239-47.
7. Ahuja N. *A Short Textbook of Psychiatry*. 7th ed. New Delhi: JPB; 2011. p. 272.
8. Jacob KS. Recovery model of mental illness: A complementary approach to psychiatric care. *Indian J Psychol Med* 2015;37:117-9.
9. Corrigan PW. Towards an integrated, structural model of psychiatric rehabilitation. *Psychiatr Rehabil J* 2003;26:346-58.
10. Rössler W. Psychiatric rehabilitation today: An overview. *World Psychiatry* 2006;5:151-7.
11. Farkas M. Identifying psychiatric rehabilitation interventions: An evidence and value based practice. *World Psychiatry* 2006;5:161-2.
12. Kumar CN, Desai G, Waghmare A, Thanapal S. Mental health rehabilitation: No simple answers. *J Psychosoc Rehabil Ment Health* 2014;1:37-9.
13. Stuart H. Reducing the stigma of mental illness. *Glob Ment Health (Camb)* 2016;3:e17.
14. Norms C on the S of CBHS, Board on Behavioral C, Education D of B and SS and, National Academies of Sciences E. *Approaches to Reducing Stigma. Ending Discrimination against People with Mental and Substance Use Disorders: The Evidence for Stigma Change*. National Academies Press, US; 2016.
15. Morin L, Franck N. Rehabilitation interventions to promote recovery from schizophrenia: A systematic review. *Front Psychiatry* 2017;8:100.
16. *Social Skills Training for Persons with Mental Illness*. Available from: <https://www.whiteswanfoundation.org/mental-health-matters/understanding-mental-health/social-skills-training-for-persons-with-mental-illness> [Last accessed on 2021 Mar 24].
17. *Mental Illness and Communication Impairment is there a Connection? Therapy Spot*. Available from: <https://therapyspot.ca/mental-illness-and-communication-impairment-is-there-a-connection> [Last accessed on 2021 Mar 24].
18. *Life Skills Programmes for Chronic Mental Illnesses*. Available from: https://CD000381/SCHIZ_life-skills-programmes-for-chronic-mental-illnesses [Last accessed on 2021 May 18].

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