

## Legal and Ethical Issues in Psychosocial Rehabilitation.

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### 1. Introduction

It is commonly accepted that the field of scientific Psychosocial Rehabilitation is relatively new, although its origins are dating back in the beginning of the 20<sup>th</sup> century, when mental patients in the large Asylums of Europe and USA, were manufacturing brooms and other artefacts. The development and expansion of the various facets of psychosocial rehabilitation, dealing with heterogeneity of diagnoses, variety of professionals, different sociopolitical problems and challenges in the recent decades, is often facing serious moral dilemmas, influenced by specific ethical and legal codes. These issues are directly or indirectly involved in the rehabilitation outcome.

A professional in the field of psychosocial rehabilitation of chronically mentally ill persons, is likely to be confronted with conflicts linked to clients' choice of rehabilitation treatment, and the defence of the clients' autonomy and their human rights. Other important issues are the context and the methods of practice guidelines in psychosocial rehabilitation, avoiding practice deviations and client exploitation, the protection of client's right to confidentiality, prevention of harmful exposure of clients. On the other hand, anticipation of interagency conflicts arise in a variety of rehabilitation settings, in which a client is placed (Day Care, Vocational Workshop, Sheltered Job Placement, Half way House, supervised Apartment) is an essential component of good practices of psychosocial rehabilitation.

In sum, the legal and ethical (deontological) issues concern firstly the client of a psychosocial rehabilitation programme, secondly the member of the psychosocial rehabilitation team and thirdly the rehabilitation service.

### 2. Ethical issues

The four guiding ethical principles of medical practice, also referred to psychosocial rehabilitation practice, are the following: respect for autonomy of the client, nonmaleficence, beneficence, and justice.

**Autonomy** involves any effort providing the freedom of choice of client's treatment and course of illness, after hearing the benefits, risks and costs of all reasonable options.



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**Nonmaleficence** (a Hippocratic code of ethic) is an essential rule, preventing the risks of treatment and iatrogenic harm. This principle is often violated with the intention of "good" treatment effect outweighing the "bad" effect.

The concept of **justice** concerns the issue of equal distribution of rights for help-seeking in the market economy of managed care in a globalized world. In other words, justice is related to the equal distribution of health care resources, especially to those persons are in greater need.

Ethical issues related to the members of a psychosocial rehabilitation programme concern: 1) the case of a client member of a rehabilitation programme, who is not compliant with the programme's principles and regulations and 2) when aggressive

behavior of a client is directed towards other members and staff, or a sexual misconduct causes problems to others in the programme. It is the staff and the other clients, members of the programme, who will try to “treat” this problematic behavior and prevent harmful consequences within the limits of Therapeutic Community principles.

Regarding the staff, the ethical codes could be broken: 1) when the staff member disrespects the patient’s autonomy with the development of paternalistic behavior. Decision making by the client and freedom of programme’s choice, are fundamentals of the ethical principle of autonomy. 2) if there is a breach of confidentiality e.g. reporting patient’s “diagnosis” of treatment details to a possible employer and when therapeutic work procedures are videotaped or recorded for education or research purposes, without a previous written informed consent, by the rehabilitation service clients. 3) Another important ethical issue is the challenge by the staff the client’s system of cultural values and beliefs, when these are involved in the rehabilitation process.

### 3. Legal issues

Legal issues related to staff members are the following: 1) Incorrect psychosocial rehabilitation diagnosis of a client, leading to improper service placement 2) improper work supervision, exposing the client to possible work risks 3) failure of staff to monitor psychiatric care or prevent adverse psychotropic drug side effects due to lack of intercommunication between mental health care agencies involved in the treatment and rehabilitation of the client.

All the above document the so called psychosocial rehabilitation malpractice.

### 4. Ethical and legal issues related to service

Psychosocial rehabilitation services are also subjected to observe the basic ethical and legal codes.

Ethical code violation exists when there is no service internal policy, securing human rights of clients attending the programme e.g. work exploitation, breach of confidentiality or not preventing limitations of the autonomy of clients in rehabilitation.

Additionally, legal issues arise when service organization regulations are not preventing work hazards and risks. A variety of safety regulations are basic component in the rehabilitation procedure.

Building a psychosocial rehabilitation service programme, with inadequate organization procedures, leading to misdiagnosis, activities with no clear boundaries, improper placement and supervision, are liable for malpractice claims.

Finally, employment of service personnel with inadequate specialized training could jeopardize the successful rehabilitation outcome.

However, there is no evidence of malpractice when the client’s poor rehabilitation outcome is unrelated to negligent rehabilitation procedures.

### 5. Special issues concerning rehabilitation of children.

It is well known that a proportion of children are suffering from mental disorders or mental retardation, requiring admission in specialized psychosocial rehabilitation services. These services must incorporate certain ethical codes concerning the relationships between parents and personnel as well as parents and children. Any known parental deviant behavior, leading to child abuse (physically or sexually) the service personnel must report it. Children have to be “treated” with respect, enhancing



therapeutically their abilities and skills. Therapists must also respect the young client's value orientations related to family's culture, the parental roles and their reasonable expectations. Confidentiality is a different task, in child psychosocial rehabilitation. Parents always want to know what their children saying or doing.

## 6. Conclusions

In summary, the area of ethics and legal issues in the field of psychosocial rehabilitation, incorporates social, political, economic and cultural components. Especially, ethics evolves as societal, political, and cultural values change. Good psychosocial rehabilitation practices must be ethical. The recent developments of many areas of psychosocial rehabilitation of persons suffering from severe and persistent mental disorders with clinical and skills heterogeneity, impose the need for preservation of all the codes of ethics, despite the fact that those were somehow neglected in the past years.

The balance between the ethical principles of autonomy, beneficence, nonmaleficence and justice constitute an integral component of good practices in psychosocial rehabilitation nowadays.

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## (Footnotes)

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