

Psychosocial Rehabilitation in 21st Century

Afzal Javed

Secretary General WAPR

afzal.javed@ntlworld.com

Rehabilitation in Psychiatry

HISTORY

**Developments in managing mental illnesses
always influenced by kindness, compassion,
respect & hope of recovery**

**Continuous work in conceptual and practice
areas**

(Moral treatment, Deinstitutionalisation, Disability legislations, Anti-discrimination movements, growth of consumerism, Human rights, empowerment...)

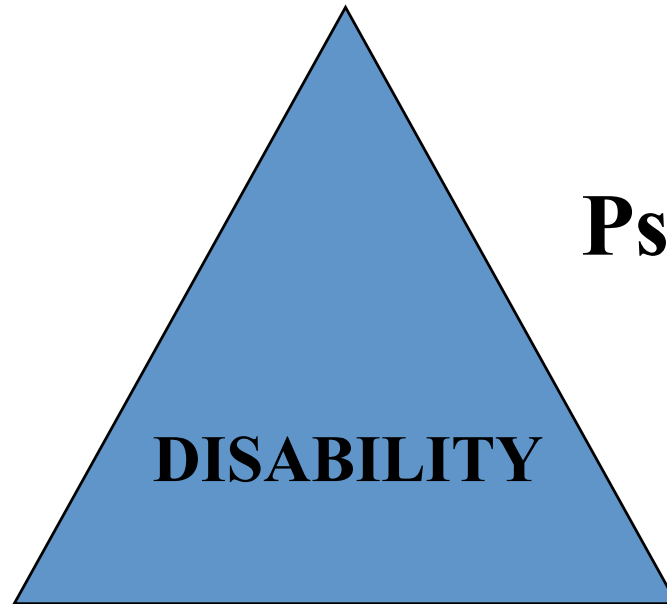
WHAT IS REHABILITATION?

- Limiting **Disability**
- Minimising the **Handicaps & Impairments**
- Promoting a culture of **healing & hope**
- **Social inclusion, Empowerment**
- **Skills training & meaningful occupation**
- **Resettlement & re-housing**
- **Recovery & / or cure**

THE DISABILITY MODEL

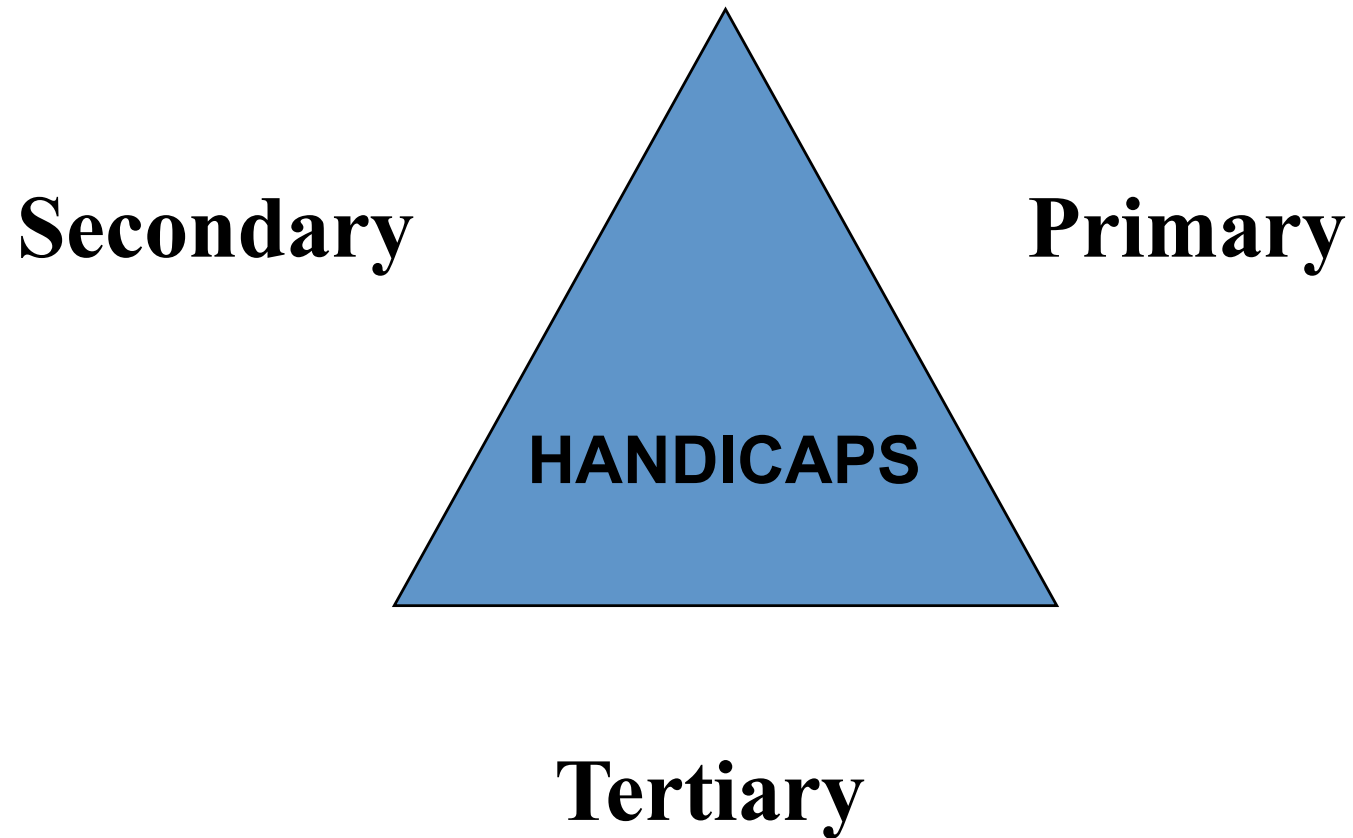
Impairments

Psychopathology



Handicaps

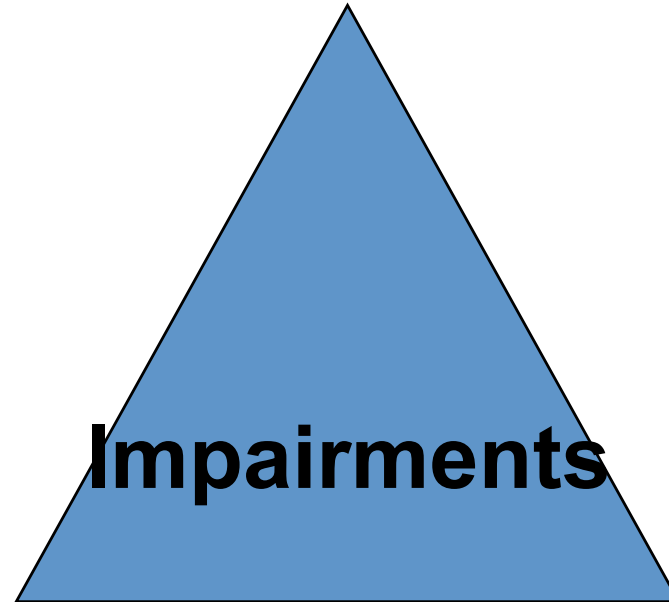
THE HANDICAP MODEL



THE IMPAIREMENT MODEL

Social

Personal



Occupational

Rehabilitation in Psychiatry

FUTURE PERSPECTIVES

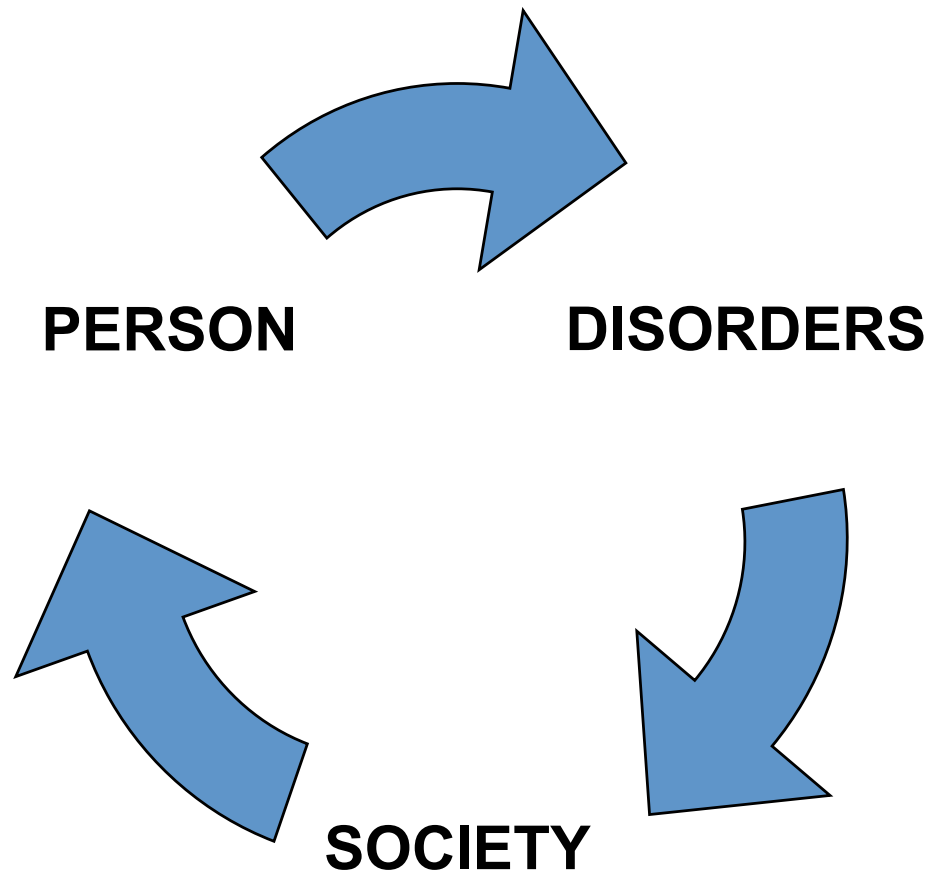
Rehabilitation in Psychiatry

Understanding madness

“The physicians know madness in one way; he collects the **symptoms** of it, the **causes and cure**; **but the madman in his way knows it far better.** The terror and the glory of the illusion, which after all, are the madness itself, are open only to the madman or to some sympathetic spirit as prone to madness as he is.”

Santayana (1925)

NEW DIMENSIONS



- Changes in concept about Mental Illnesses
- Different perspectives of level of severity
- Changes in pattern and presentation of mental Illnesses
- Bio – psycho – social based treatment approaches

CHANGING CONTEXTS OF MENTAL ILLNESSES

Stigma & Self Image

Social determinants

Social consequences

Behavioural consequences

Ethnicity

Gender

Meanings of Symptoms

UNDERSTANDING MENTAL ILLNESSES

Current Symptoms

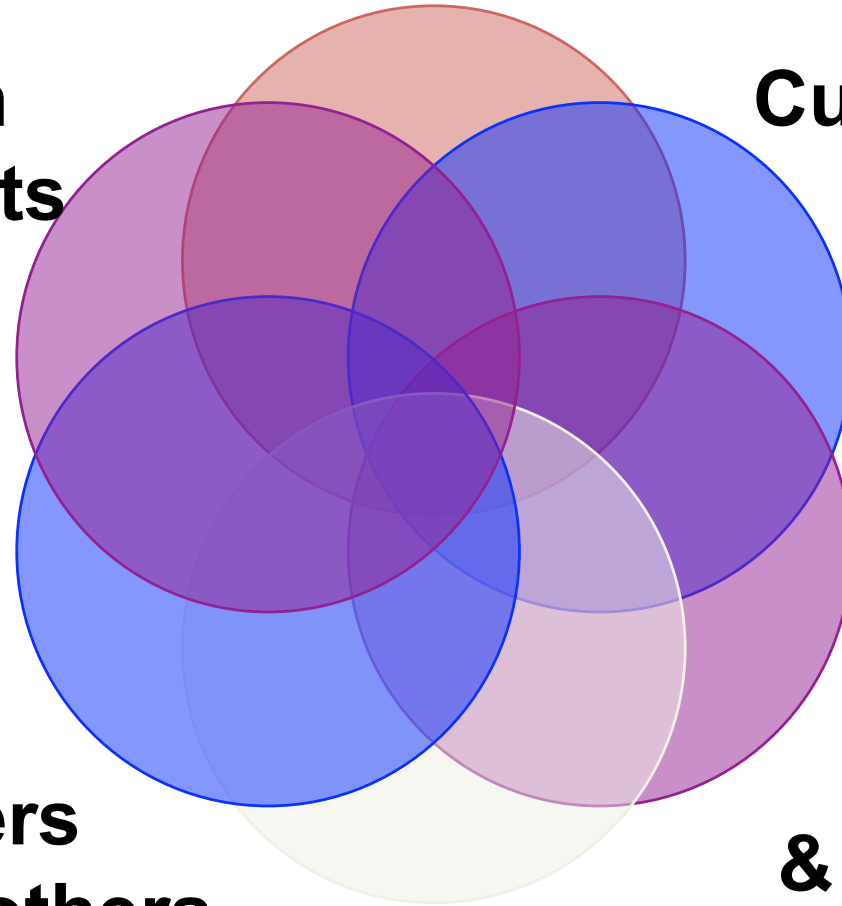
**Medication
& Side Effects**

**Current Physical
Health**

**Risks for
Self Harm,
Harm to others
& Harm from others**

**Social
integration
& Quality of life**

**Employment &
Financial independence**



Rehabilitation in Psychiatry

Definition

Application of measures aimed at reducing the impact of disabling & handicapping conditions & enabling disabling people to achieve social integration (WHO)

**“Improving psychiatrically disturbed person’s capabilities & competence by bringing about behavioural improvement in their environments of need
(Anthony et al 1984)**



NEW DIMENSIONS IN PSYCHIATRIC REHABILITATION

Recovery

Social inclusion, Gainful employment. Independent living

Early Intervention (When, why & how)

Physical Health care

Gender based services & cultural & value based
practices

Employment & Financial independence

Pt & users involvement in care

Rehabilitation in Psychiatry

WHAT IS RECOVERY?

- Recovery as an approach, Model, Philosophy Paradigm, Movement, Vision
 - Departs from Cure

Different meanings by Pt, Clinician, Carer, Family, Service providers

- Traditional dimensions of clinical & social recovery
(reduced symptoms / disability / use of service)

Vs

- Personal and social dimensions of recovery
(self evaluated accounts of achievements, self learning & empowerment)

TRADITIONAL MODELS vs RECOVERY MODEL

TRADITIONAL MODEL

- Psychopathology
- Interest on disorder
- Treatment based
- Doctors & pts
- Diagnosis
- Recognition
- Expert care focus & risk avoidance
- Professional accountability

RECOVERY MODELS

- Distressing experience
- Interest on Person
- Strength based
- Experts by experience
- Personal meaning
- Understanding
- Self management / control /working with risk
- Personal responsibility

The Recovery Model

**INTEREST
ON
PERSON**

**PERSONAL
MEANINGS &
STRENGTHS**

RECOVERY

**PERSONAL
RESPONSIBILITY**

ILLNESS SPECIFIC INTERVENTIONS

Who needs rehabilitation?

- Psychosis vs non psychotic illnesses
- Personality Disorders
- Co morbidity with substance abuse
- Brain injury & neuro-psychiatric disorders

Who does not need rehabilitation?

WHEN TO START REHABILITATION?

EARLY INTERVENTION IN FIRST EPISODE PSYCHOSIS

- **What is the Critical Period?**
- **Is early intervention successful?**

Implications for rehabilitation services

IS EARLY INTERVENTION NEEDED?

*For every 100
People who
experience a
First episode
Of psychosis*



- 10 will be treatment resistant
- 15 have a first relapse within 12 months
- 30 will have a first relapse within 1-2 years
- At 10 years follow up
66% with one relapse
44% at least 2 relapses
Only 25-30 % no relapse

SPECIAL GROUPS

special requirements

- **Learning Disability**
- **Forensic patients / Prison services**
- **Acquired brain injury**
- **Most disabled groups of patients**
- **Patients with substance abuse co-morbidity**

PHYSICAL HEALTH CARE

- **Increased mortality ratio in people with mental illnesses**
- **Increased physical morbidity particularly for diseases of Heart, Respiratory, Digestive, Endocrinal and nervous diseases**
- **Mentally Ill too often find their physical illness symptoms dismissed as simply being “all in the mind”**



PHYSICAL HEALTH CARE

Principles of care

No (physical) health without mental health

- **Require more nursing and medical attention for**
 - **Personal & oral hygiene**
 - **Diet & nutrition**
 - **Physical activity**
 - **Health promotion**
 - **Preventive screening like Wt management, smoking & Cardiac / Diabetic morbidity**

**Continuous Health monitoring needed
for**

Smoking, dietary issues, chaotic life style, Obesity, Alcohol & substance abuse, Sexual health

ACCOMMODATION FOR PEOPLE WITH MENTAL ILLNESSES

- **No place like “Home”**
- **What is the meaning of “Home” in psychiatric rehabilitation?**
 - **Rehab Ward**
 - **Hostel**
 - **Supported Housing**
 - **Group Home**
 - **Family placement**
- **What are the current realities and limitations?**

MEANINGFUL OCCUPATION

- Role of employment & mental illness
- Why is work important
 - Social & health benefits
 - Economic benefits
 - Independence and self confidence
- How can we overcome the barriers to employment for the mentally ill?
- Work schemes for the mentally ill
 - Sheltered employment & supported employment
 - Prevocational training

GENDER SENSITIVE SERVICES

- **Gender difference in presentation of mental disorders**
- **Gender issues in severe mental illnesses**
- **Gender difference in social factors**
- **Gender sensitive care environments**
- **Gender sensitive prescribing**

PATIENTS INVOLVEMNT

- **Pts & consumers rights**
- **Carers involvement**
- **Importance of care givers & Family**
- **Confidentiality**
- **Capacity & Human rights**

TREATMENT OPTIONS

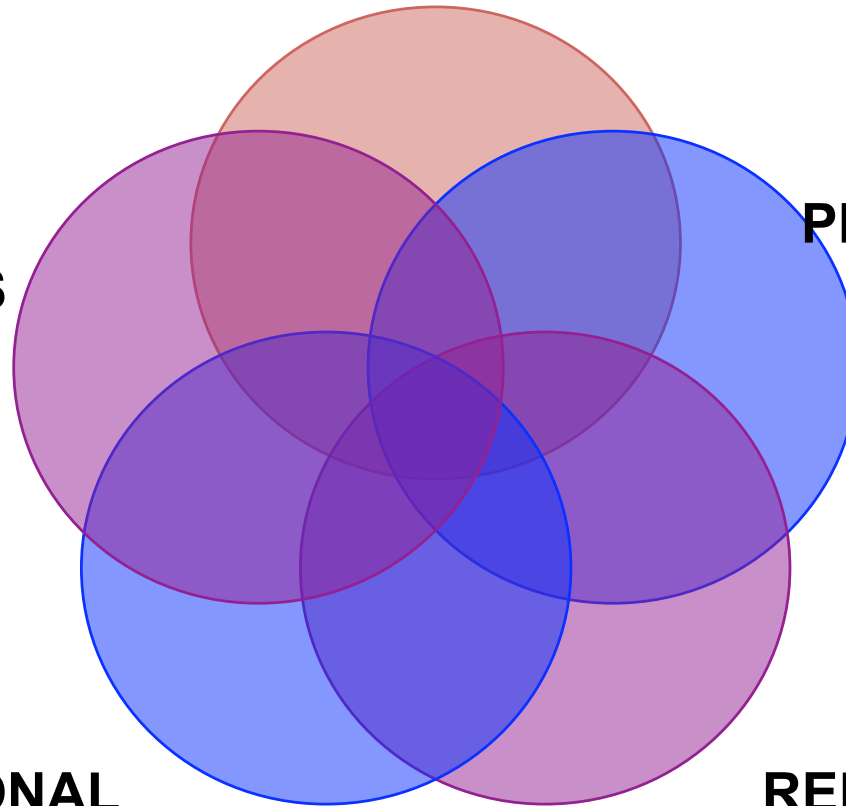
DRUG TREATMENT

**PSYCHO
SOCIAL
INTERVENTIONS**

**NON
PHARMACOLOGICAL
TREATMENT**

**TRADITIONAL
& CULTURAL
DIMENSIONS**

**RELIGIOUS
& SPIRITUAL
SUPPORT**



WHAT IS THE FUTURE?



REHABILITATION PSYCHIATRY

FUTURE PERSPECTIVES

Concept

**Biological, Psychological & Social causes Medical &
psychological interventions
Resocialization, Resettlement
Gainful employment**

Practice

**Service Delivery & Evaluation of services
Cross cultural differences
Expectations of Pts and Carers**

REHABILITATION PSYCHIATRY

FUTURE PERSPECTIVES

Current Trends

- Conceptual changes
- Changes in definition & approaches
- Needs based services
- Quality of Life
- On-going evaluations
- Cost effective measures

Anticipated Outcomes

- Fewer relapses
- Fewer precipitations by social or psychological factors
- Greater number of people in meaningful occupation
- Compliance to treatment

Big Rehabilitation

- **Rehabilitation for all who have suffered disabling mental disorders**
- **Community based programmes**
- **Integrated services**
- **Retention of care of the most disabled & special groups**

REHABILITATION



10th WAPR World Congress
12 – 15 November 2009
BANGALORE
India

info@wapr2009.org

THANKS