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IMPORTANCE OF PSYCHOSOCIAL REHABILITATION FOR PEOPLE WITH MENTAL DISORDERS

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***Importance of psychosocial rehabilitation for people with mental disorders:** The article demonstrates the importance of psychosocial rehabilitation for people with mental disorders. Give the definitions of psychosocial rehabilitation for people with mental disorders. They analyze various aspects of psychosocial rehabilitation. The authors argue as present the results in favor of better social functioning of people with mental disorders in applying various therapeutic steps related to the process of social rehabilitation.*

***Key words:** psychosocial rehabilitation, therapeutic relationship, mental, recovery-oriented, social priorities*

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INTRODUCTION

Chronic mental illness and lead to serious disturbances in social functioning not only of the individual with a mental disorder, but his closest circle, impairs functioning and self realization of personality. Stigmatization, indifference and acceptance of this kind of sick by society additionally gives them the situation of suffering and socially excluded people. Improving the quality of life of people with mental disabilities in terms of human rights, should be among the priorities of any civilized country. It should be borne in mind that people with mental disorders are individuals with a reserved dignity and although quite often encounter problems and difficulties in adapting to the world around them, they can find their place among the others, if they have adequate support and sign that despite its principal difference worldly destiny and position is accepted by society.

This humane approach to people with mental disabilities certainly is positive towards a lower rate of mental illness and through active position and participation of the general public to better psychosocial development. People with mental illnesses in our country category, which lost a number of human rights regarding socialization in the society, put in a group of disabled people, and from there arise serious problems of health and social nature. It turns out that institutional care who receive these people, there is no possibility of the individual alone to care for themselves and decide further strengthen their disability. Currently in our large percentage of people with mental illness are placed in a very passive position and lack the capacity themselves to take responsibility for their lives and treatment. At the same time a very important part of the work relating to the provision and continued provision of specific care and services for people with mental health disorders such as work, home residence and others. The interaction between government institutions and NGOs. Chronic mental illness is a serious problem for the Bulgarian healthcare. These are serious chronic and debilitating diseases with a high social cost. Medical treatment is basically the control of most of the symptoms of the disease, but simultaneously occupy a significant place programs for rehabilitation, social integration and training of both the ill and their families.

The World Health Organization (WHO) defines "rehabilitation" as:

"...a process aimed at enabling [people who experience disabilities] to reach and maintain their optimal physical, [spiritual, occupational,] sensory, intellectual, psychological and social functional levels. Rehabilitation provides [people who experience disabilities] with the tools they need to attain independence and self-determination[2]."

Rehabilitation is much more than re-learning to do something. It also encompasses processes, skills and strategies aimed at supporting individuals to develop skills for the first time. Strategies and interventions that assist individuals to acquire new skills and build on their current skills necessary to participate in all domains of their life are also vital components of rehabilitation.

EXHIBITION

The most accepted definition of psychosocial rehabilitation was developed by Cnaan et al. /1998/, who defined 'psychosocial rehabilitation' as: '... the process of facilitating an individual's exploration to an optimal level of independent functioning in the community ... psychosocial rehabilitation encourages people to participate actively with others in the attainment of ... [their] ... goals[1].

Discussing psychosocial rehabilitation and recovery

Psychosocial rehabilitation is informed by a belief in the potential of every individual to consolidate strengths, change, learn and grow. It focuses on the individual's strengths and abilities, rather than on their illness. Psychosocial rehabilitation providers work in partnership with key people to provide structured, goal-focused, individually tailored services at a level of intensity and duration appropriate to the consumer's needs.

Common elements of psychosocial rehabilitation exemplify recovery approaches to practice and include:[2]

Supporting people in recovery to self-manage and to build upon their interests, aspirations and strengths to live full and meaningful lives.

Facilitating skill development and living skills training to improve confidence and competence in community living.

Supporting wellbeing by encouraging healthy lifestyles.

Supporting independence and personal resilience.

Participating in the development of relapse prevention and crisis intervention strategies, thereby reducing reliance on and impact of the use of acute and emergency services.

Encouraging and supporting engagement in community and social activities.

Assisting people to access and sustain suitable housing and strengthen social relationships to reduce isolation.

Facilitating increased opportunities to participate in the workforce. Providing training and support in relapse prevention, wellness strategies and recovery by lived experience workers.

Components of the recovery-oriented rehabilitation services often combine and/or overlap. It should not be assumed that they operate in isolation from each other.

A variety of tools and approaches can assist service providers in providing rehabilitation services. Examples of strategies and tools that support recovery-oriented rehabilitation practice include but are not limited to:

- Positive therapeutic relationships.
- Practitioner's behaviour.
- Recovery-oriented assessment.
- Recovery goals and care planning.
- Individual's motivation.
- Motivation and goal-setting.
- Motivational interviewing.
- Strengths-based recovery-oriented rehabilitation interventions.
- Therapeutic use of environment.

There is a strong link between rehabilitation and positive individual and cost-benefit outcomes. A number of studies demonstrate an average reduction of more than 50% in the cost of care due to decreased hospitalizations[2]. Workers need to have knowledge of

rehabilitation strategies and tools in order to be able to actively assist an individual's recovery.

The therapeutic relationship between the consumer and service provider is an essential ingredient that enables recovery-oriented rehabilitation practice. Positive relationships between therapists and consumers inspire, motivate and lead to increased self-esteem, self-management and involvement in the rehabilitation process. Consumer-centred practice is characterised by collaborative and partnership approaches to practice that encourage and respect a person's autonomy, control and choice and support their right to enact these choices[3,4]. A safe respectful relationship between the consumer and service provider is vital in nurturing a safe environment in which both parties can exchange feedback, discuss recovery goals and possibilities and in assist the person's self efficacy and self-determination.

Studies reveal that improvements in function alone do not lead to quality of life. Focusing on a person's sense of control and creating opportunities in which this can increase in a safe and supported way is a part of a recovery-oriented rehabilitation process. There is an association between perceptions of reduced control and low perceptions of life satisfaction[3,4,5]. Studies also suggest that perceived control is an important indicator of empowerment for people with severe mental illness, and it has been shown to be important for their wellbeing, quality of life and functioning[5,6,7]. A sense of control, in terms of perceived mastery, is an indicator of pervasive recovery, beyond reduced symptomology[8,9]. Thus, perceived control has been shown to be related to health, wellbeing, empowerment and recovery, all of which constitute important objectives in assisting a person who experiences a severe mental illness[10].

Our experience shows that the inclusion of steps psychosocial rehabilitation for people with mental disorders even while they remain in a stationary conditions ensure a rapid return to the natural social environment.

CONCLUSION

The provision of high quality mental health recovery-oriented rehabilitation services depends /largely/ on the quality, skill and commitment of service providers. Service providers are a primary resource to the people they are working with and as such their efficacy, effectiveness and impact is reliant on education and training; support programs; critically reflective practice, research; quality and review mechanisms into improving service provision. The recovery orientation and competence of workers is the responsibility of both the workers and the organisations. Organisations must ensure that the infrastructure and resources are in place to ensure that the workforce continues to grow, develop and provide the best possible services at all times. A commitment to lifelong learning, self reflective practice and ongoing training opportunities is essential in enabling this. Organisational systems and structures are vital to help transfer training and learning into practice. This includes a commitment to discuss recovery-oriented practices within supervision sessions, team discussions, implementation and change management planning, and within strategic-planning initiatives.

The National Practice Standards for the Mental Health Workforce is an example of a tool that can be used to promote workforce competence. These are standards that apply to professionals and should be used in conjunction with the National Standards for Mental Health Services and the discipline-specific practice standards, competencies or curricula which apply to specific professions, including social work, nursing, psychiatry, psychology and occupational therapy. The Practice Standards are intended to complement each of the professional groups' discipline-specific practice standards or competencies and address the shared knowledge and skills required when working in a multidisciplinary mental health environment. The Practice Standards should be met by mental health professionals within two years of commencing work in a mental health service.

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