

Psychiatric Rehabilitation

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Psychiatric rehabilitation, also known as psychosocial rehabilitation, and usually simplified to psych rehab, is the process of restoration of community functioning and well-being of an individual who has a psychiatric disability (been diagnosed with a mental disorder). Rehabilitation work undertaken by psychiatrists, social workers and other mental health professionals (psychologists and occupational therapists, for example) seeks to effect changes in a person's environment and in a person's ability to deal with his/her environment, so as to facilitate improvement in symptoms or personal distress. These services often "combine pharmacologic treatment, independent living and social skills training, psychological support to clients and their families, housing, vocational rehabilitation, social support and network enhancement, and access to leisure activities." There is often a focus on challenging stigma and prejudice to enable social inclusion, on working collaboratively in order to empower clients, and sometimes on a goal of full psychosocial recovery.

The Board of Directors of the United States Psychiatric Rehabilitation Association USPRA approved and adopted the following standard definition of psychiatric rehabilitation: Psychiatric rehabilitation promotes recovery, full community integration and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives. Psychiatric rehabilitation services are collaborative, person directed and individualized. These services are an essential element of the health care and human services spectrum, and should be evidence-based. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice.

History

From the 1960s and 1970s, the process of de-institutionalization meant that many more individuals with mental health problems were able to live in their communities rather than being confined to mental institutions. Medication and psychotherapy were the two major treatment approaches, with little attention given to supporting and facilitating daily functioning and social interaction. Therapeutic interventions often had little impact on daily living, socialization and work opportunities. There were often barriers to social inclusion in the form of stigma and prejudice. Psychiatric rehabilitation work emerged with the aim of helping the community integration and independence of individuals with mental health problems. Psychiatric Rehabilitation and Psychosocial Rehabilitation became used interchangeably, as terms for the same practice. These approaches may merge with or conflict with approaches based in the Consumer/Survivor Movement.

Although current literature in the United States uses the names psychosocial rehabilitation and psychiatric rehabilitation interchangeably, around 2005 the professional organization IAPSR (International Association of Psychosocial Rehabilitation Services) changed its name to USPRA (United States Psychiatric Rehabilitation Association) and the trend is toward the title of Psychiatric

Rehabilitation.

Theory

The concept of psychiatric rehabilitation is associated with social psychiatry and is not based on a medical model of disability and the concept of mental illness. However, it can also incorporate elements of a social model of disability. A sometimes similar but sometimes alternative approach employs the concept of psychosocial recovery rather than rehabilitation, and is less centred around professional services.

Problems experienced by people with psychiatric disabilities are thought to include difficulties understanding or dealing with interpersonal situations (e.g., misinterpreting social cues, not knowing how to respond), prejudice or bullying from others because they may seem different, problems coping with stress (including daily hassles such as travel or shopping), difficulty concentrating and finding energy and motivation.

Services

Psychiatric rehabilitation services may include: workplace accommodations, supported employment or education, social firms, assertive community (or outreach) teams assisting with social service agencies, medication management, housing, employment, family issues, coping skills and activities of daily living and socialising.

Psychosocial Rehabilitation (PsR) can be described as consisting of eight main areas of work: Psychiatric (symptom management); Social (relationships, family, boundaries, communications & community integration); Vocational and or Educational (coping skills, motivation); Basic Living Skills (hygiene, meals, safety, planning, chores); Financial (budgets); Community and or Legal (resources); Health and or Medical (maintain consistency of care); and Housing (safe environments).