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PSYCHOSOCIAL REHABILITATION:

A CONSENSUS STATEMENT

This document is a consensus statement on psychosocial rehabilitation produced by WHO with the collaboration of the World Association for Psychosocial Rehabilitation and the participation of experts from countries in several WHO regions.

It has been produced as part of WHO's Initiative of Support to People Disabled by Mental Illness

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DIVISION OF MENTAL HEALTH AND PREVENTION OF SUBSTANCE ABUSE

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BACKGROUND

Psychosocial rehabilitation (PSR), previously considered as tertiary prevention, has evolved into a concept, a body of knowledge on ways of organizing services and methods subject to empirical validation, and is concerned with the prevention and/or reduction of disability associated with mental and behavioural disorders.

Owing to the fact that it was initially practiced in the asylum-like old, large state mental hospital, most of its techniques and terminology are somehow associated with hospital-based care. Nevertheless, recent efforts and initiatives have demonstrated its power not only for people who have been associated with hospital-based care, but also - and particularly - for those in predominantly community-based care.

Its methods include modes of organizing services so as to maximise continuity of care, treatment and comprehensive interventions with the individuals' capacities being enhanced and excessive stress reduced in order to enable optimal economic and social participation and avoidance of relapse. It should be a joint enterprise in which professionals and users combine to transform the social roles of service recipients.

Because PSR aims to reduce stigma and handicap and promote equity and opportunity, its proponents engage in organizational, legislative, professional, quality of care and quality of life assurance, family organization and support, self help and participation, educational and promotive efforts to strengthen services, expansion of services and research, and improvement of delivery systems. As such, PSR aims at helping individuals to fully enjoy all their rights, as expressed in international legal instruments and, when appropriate, by national laws.

As is the case with any developing field, PSR concepts and practice have not yet acquired full stability, hence the need for an authoritative consensus statement representing the views of those in a position to contribute to its formulation and advancement. This consensus statement, rather than being the final word on the subject, is intended to be a common ground which will facilitate further conceptual refinements and thus strengthen and improve services.

DEFINITION

Psychosocial rehabilitation is a process that facilitates the opportunity for individuals - who are impaired, disabled or handicapped by a mental disorder - to reach their optimal level of independent functioning in the community. It implies both improving individuals' competencies and introducing environmental changes in order to create a life of the best quality possible for people who have experienced a mental disorder, or who have an impairment of their mental capacity which produces a certain level of disability. PSR aims to provide the optimal level of functioning of individuals and societies, and the minimization of disabilities and handicaps, stressing individuals' choices on how to live successfully in the community.

PSR is complex and ambitious because it encompasses many different sectors and levels, from mental hospitals to homes and work settings. Hence it encompasses society as a whole. Nonetheless, it is an essential and integral part of the total management of persons disabled by mental disorders. In consequence, the bodies involved in PSR are also varied, e.g. consumers, professionals, families, employers, managers and administrators of community agencies and the overall community itself. Given this complexity, the means to provide PSR vary, depending on the geographic, cultural, economic, political, social and organizational characteristics of the settings where PSR is provided.

OBJECTIVES

Intermediate objectives of the PSR process involve a series of steps which, while separate and valuable on their own, acquire their full meaning and force when closely coordinated. The steps include:

- reducing symptomatology through appropriate pharmacotherapy, psychological treatments and psychosocial interventions;
- reducing iatrogeny by diminishing and eliminating, whenever possible, the adverse physical and behavioural consequences of the above interventions, as well as - and in particular - of prolonged institutionalisation;
- improving social competence by enhancing individuals' social skills, psychological coping and occupational functioning;
- reducing discrimination and stigma;
- family support to those families with a member who has a mental disorder;
- social support by creating and maintaining a long term system of social support, covering at least basic needs related to housing, employment, social network and leisure;
- consumer empowerment by enhancing consumer's and carer's autonomy, self-suffciency and self-advocacy capabilities.

STRATEGIES

Experience has shown that PSR efficiency is highest when provided in the context of a community-based activity. The main components of PSR can be described at different levels of operation, of which the most relevant are the individual, the service, and the environment. PSR can be most effective when community-based, with the involvement of individuals, families and communities.

At individual level

Pharmacological treatment. Skilful use of psychotropic medication is often an essential component of PSR. Appropriate medication is useful in the reduction of symptoms and ensuing disturbances and in preventing relapses.

Independent living skills and social skills training. Independent living skills training concerns all those interventions related to basic daily living activities (e.g. feeding, bathing, dressing, grooming). Social skills training may be defined as those methods which use the specific principles of learning theory to promote the acquisition, generalisation and durability of skills needed in social and interpersonal situations.

Both types of training have to take place in the context of real, everyday life experiences, not in closed, unrealistic settings. Social skills training is most useful when given as part of an overall rehabilitation package; several equally effective approaches are available.

Psychological support to patients and their families. Psychological support represents an important framework in which PSR has to be undertaken. Regardless of the specific techniques employed, intensive and continuing psychological support to patients and to their families, including education, is widely accepted as a key component of PSR programmes. Self-help groups for relatives of long-term patients have also been proved to be an effective strategy.

The psychological support should also include information about consumers' and families' rights, and availability of

psychosocial resources.

Housing. A serious effort to set up living alternatives to the mental hospital is an essential component of PSR. Different housing strategies can be adopted, depending on local resources and local cultural norms.

Ideally, normal housing (single, or shared if acceptable to client) with appropriate support from specialist staff should be provided. If sufficient resources are not available, group living alternatives may have to be considered.

The risks of maintaining large groups of disabled people together in institutional settings should not be overlooked. While alternatives are most desirable, the environment of many mental hospitals can and must be improved.

Vocational rehabilitation and employment. The importance of work and employment for people disabled by mental disorders cannot be overemphasized. Working and having a job increases the consumer's satisfaction and self-esteem and breaks the cycle of poverty and dependence. In addition, work gives an opportunity to socialize and communicate. Therefore, it is essential to set up vocational training activities that are related to real and concrete work experiences. Some individuals may also greatly benefit from specific pre-vocational training as well as from transitional employment programmes.

Vocational training should start in hospital settings and later move outside to protected workshops in contact with the labour market. An effective solution to the sometimes variable health of people disabled by mental disorders could be the creation of self-sufficient enterprises which, whilst ensuring permanent jobs for those people are organized in a very flexible way as cooperatives - or social enterprises. Having an independent income is a powerful tool in enhancing consumer empowerment.

Social support networks. Social support networks are an enduring set of human relationships experienced by individuals in a positive light, that are likely to have a lasting impact on their life through the exchange of emotional, physical, economical and intellectual influence. They work mostly by strengthening the individual's coping ability.

Social support has a positive effect on mental health which may be direct (mental health is improved, irrespective of any stressors to which the individual may be exposed) or indirect (a "buffer" effect, which manifests itself only when the individual is exposed to stressors). They can also provide an integrated and comprehensive framework for all PSR services available.

Leisure. The ability to participate in and enjoy leisure activities of one's choice is also an important element of PSR. Access to appropriate leisure activities and freedom of choice are indispensable conditions for healthy leisure pursuits.

At the mental health services' and human resources' level

Mental health service policy and fund allocation. PSR must be considered as an essential component in every mental health service policy. When mental health policies are being formulated, it is important to avoid a split between services oriented to specific medical treatment - such as psychopharmacology - and services oriented to PSR. The integration of these components is essential and adequate funds have to be assured for PSR programmes.

The community-based mental health service has to become a "case manager centre" able not only to provide treatment, but also to facilitate access to community resources, for the clients and their relatives. The integration of resources belonging to the health system with those of the community increases the mixing of knowledge and opportunities.

I**mprovement of institutional and residential settings**. The improvement of human resources and material conditions of institutions where PSR clients are often living is an essential pre-condition for any PSR programme. They must progress wherever the client is living; thus the psychiatric hospital has to be considered as a part of the overall PSR environment; there is an urgent need for guidelines on the minimum and /or optimum standards of care for those patients and clients.

Training for staff. Current training curricula for health workers are insufficiently oriented towards PSR. Therefore, specific PSR components should be introduced into the curricula of all relevant health qualification courses. Equally important is the inclusion of PSR-related content in continuing education programmes for all relevant health workers irrespective of profession, experience and previous training.

Quality assurance. The question of quality of care is crucial. Health workers have striven to provide good quality care, from their own perspective. However, consumers insist on having not only good quality care, but also on having access to a range of different modalities of care. Thus what exactly constitutes "good quality" is still open to debate and a negotiated agreement needs to be arrived at in each case. However, there are several initiatives bringing together all

those concerned in order to find a common definition of good quality mental health care. A key issue related to the assessment of quality is the availability of written standards and indicators covering the whole range of services and facilities essential for psychosocial rehabilitation. These indicators and standards should be formulated so as to allow modification and adaptation into local guidelines and norms of care according to local needs and circumstances. Indicators are fundamental for both monitoring and evaluating PSR.

At societal level

Improvement of pertinent legislation. In most places, improvements in existing, or the formulation of new, legal provisions governing the organization of and access to the mental health care system are necessary in order to create the formal framework in which PSR programmes can attain their maximum efficiency. Disabled persons should be entitled to the same rights and benefits, irrespective of the underlying cause (e.g. physical or mental) of their disability. The revised legislation should cover involuntary treatment and hospitalization, patients' rights, and access to labour markets, housing, education and other social welfare benefits.

Consumer empowerment. Consumer empowerment constitutes both a component and a goal of PSR. Consumers should actively participate in planning, delivering and evaluating PSR programmes. This empowerment is not simply a realisation of the formal rights of patients but also promotes greater access to community resources for clients and their families.

Improvement of public opinion and attitudes related to mental disorders. The stigma attached to mental disorders touches not only people with mental disorders, but also their carers, both family members and health workers. Stigma and discrimination are based on negative attitudes and beliefs (usually erroneous ones) about mental disorders; such attitudes and beliefs are sometimes found even among mental health workers. While the modification of attitudes related to mental disorders may take a long time, interventions through legislation can produce much faster results.

RESEARCH

Given the many aspects involved in PSR it is felt that a great deal of research is necessary, covering all of the subjects and items mentioned previously. Universities, research institutes and professionals are therefore invited to examine the possibility of developing research activities in those areas, whereas governments and funding agencies are strongly urged to consider the establishment and strengthening of funds specifically allocated to activities related to PSR.

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The main interest behind the production of this document was, on the one hand, to reach a degree of consensus on concepts and terminology and, on the other hand, to contribute to the improvement of living conditions of people with mental disorders, through the implementation of the principles described herein. Comments and suggestion on it, as well as information on its utilization and application, are welcome and should be addressed to the Editors. Those wishing to translate and/or adapt it into local languages are invited to do so, while keeping the Editors informed.

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