

REHABILITATION OF THE PSYCHIATRIC PATIENT

Dr J. Vella Baldacchino, MD, D.Spec. PSICH. (Padua),
M.F. Therapy (Mi),
Senior Registrar Psychiatry

Definition of Rehabilitation

Rehabilitation is the process of identifying and preventing or minimizing the multiple causes of severe disablement while at the same time helping the individual to develop and use his or her talents and thus to acquire confidence and self-esteem through success in social roles.....Rehabilitation, therefore, necessitates a long-term commitment to the individual patient.

(Royal College of Psychiatrists 1980)

It is the management of the long-term mentally ill and most commonly this concerns the chronic schizophrenic. It should aim at maximising the functional capacities of patients and not merely to remove symptoms. In addition it has to do with tertiary prevention i.e. the reduction of chronic disability as a consequence of a psychiatric illness and therefore to contribute to the resocialization of patients.

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Milieu Therapy

The milieu of the ward combined with well-organised occupational therapy appears to provide a major therapeutic effect. Removal of the patient from an overburdened home environment at times of exacerbation may help explain this effect.

Behavioural Psychotherapy

Improved interpersonal functioning may lead to significant benefits for the patient regardless of the persistence of delusions or hallucinations. The aim of treatment is to maximize the functional capacities of our patients, not merely to remove symptoms. Psychotherapeutic interventions in the management of florid episodes of schizophrenia may be invaluable in preserving the interpersonal functioning of the individual and expediting the rehabilitation process once the symptoms have abated.

PSYCHOSOCIAL INTERVENTIONS IN COMMUNITY REHABILITATION

Psychosocial rehabilitation has focused predominantly upon two areas:

1. Work and
2. Interpersonal skills

Four main types of facilities are necessary for an adequate rehabilitation programme:

Staffing

Accommodation

Occupational and social therapies

Support services

It is commonly acknowledged that 4-6 hostel places per 100,000 of the general population are required for short-term care and rehabilitation and 15-24 places for long-stay accommodation which are to include staffed homes, unstaffed accommodation and supervised lodgings.

Current Situation in Malta

The only facilities which are available at Mount Carmel Hospital comprise a Half Way House which caters for 17 male residents and 18 female patients; and a Hostel which can accommodate 12 female residents.

Some patients have remained at the Half Way House since its opening 13 years ago for diverse reasons which include lack of housing facilities, rejection by relatives and lack of financial independence. Some of these patients seem reluctant to relinquish their place at Half Way House and they are therefore not very keen on discharge. This implies that they have in many ways become institutionalised therefore defeating the whole aim of rehabilitation.

Mode of Referral

Patients to be transferred to Half Way House are referred for an initial induction and orientation to the place and to the particular setting which also involves sharing of responsibilities besides benefitting from more privileges. Moreover this provides an opportunity to meet and get to know the other residents and enables the team to make an assessment of the individual concerned.

Ideally only patients with relatively good prospects of rehabilitation and reintegration in the community should be referred to the Half Way House as this would ensure a turnover of patients and would not result in the burnout of both patients and staff alike. It is a policy of the Half Way House that drug addicts, chronic alcoholics and individuals with severe physical and/or mental handicap should not be referred for rehabilitation at the Half Way House.

The Half Way House is run by a multidisciplinary team which includes the psychiatrist responsible, nursing staff, representatives from the OT department and from the social workers' department. As much as possible decisions are taken jointly or in liaison with each other.

Monthly meetings are held for all members of staff in order to discuss issues of common interest and formulate general policies about the running of the Half Way House. In addition fortnightly meetings are held between staff and all residents in order to discuss and share themes of common interest. Recently patients have been allocated to a particular nurse such that every nurse should get to know and develop a better therapeutic rapport with a small number of residents.

The Social Worker traditionally has well-established tasks related to assessing and improving the resident's psychosocial situation. In the Half Way House setting the social worker has the following duties:

1. To assess the home environment including family situation
2. Assess work situation
3. Help find accommodation
4. Help the resident deal with various agencies e.g. Social Security, Housing and Inland Revenue Departments.
5. Psychosocial counselling

Another important member of the multidisciplinary team is the Occupational Therapist, who is responsible for the assessment, formulation and implementation of OT programmes. The OT liaises with other team members regarding goals, on-going progress and changes in programmes.

The following are some of the roles of the OT:

1. Physical well-being/training
2. Activities of Daily Living (ADLs) such as dressing, personal care and hygiene, use of public transport, domestic skills such as budgeting, cooking, cleaning, laundry and safety within the home
3. Social Skills Training e.g. manners, communication and job applications
4. Cognitive and Perceptual Training
5. Time Scheduling
6. Work-related activities
7. Home Visits
8. Liaising with family and relatives
9. Organizing groups

Rehabilitation of psychiatric patients is thus necessary in order to recuperate as much of patient's functioning as possible so as to enable him to return to the community as soon as possible.

Alternative facilities to the existing hospital set up is probably the most important task of Social Psychiatry. These should include the setting up of day hospitals and day centres, night hospitals, centres for crisis situations and houses for long-stay patients.

Existing structures are not only highly inadequate but may also prove to be harmful since they increase the patient's disability or invalidity which they should be treating thereby giving rise to institutionalization.

Thus it is imperative to create novel alternative structures in order to be able to implement the above.