Rehabilitation Psychiatry in hospital settings

The term rehabilitation is becoming less fashionable within mental health services as the focus seems to be mainly towards short admissions with integrative community services. This process had its first footsteps 50 years ago when most of the Western countries undertook the task of 'de-institutionalisation' of psychiatric hospitals.

The process of de-institutionalisation is successful with patients being able to manage transition from long term hospitalisation to the community without requiring re-admission. There are patients with complex needs whom the transition to community care is lengthy and therefore it would be over optimistic to perceive that in-patient rehabilitation does not have a place in modern Mental Health services. In fact, the Royal Collage of Psychiatrists in 2009 stated that In-patient rehabilitation is still an essential component of comprehensive psychiatric service system.

Rehabilitation services are described as a "whole system approach to recovery from mental ill health which maximises an individual's quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to give new hope for the future and which leads to successful community living through appropriate support" (Killaspy *et al*, 2005: p. 163)

Craig et al (2004) suggest that approximately 10% of people who access mental health services have particular complex needs that require rehabilitation and intensive support over many years. Most of them will have psychosis with prominent 'negative symptoms' that impair motivation, organisational skills to manage everyday activities and are placed in a position to suffer self-neglect. Many also have co-existing problems that makes the process of recovery even more difficult. These include other mental health issues (e.g. depression and anxiety), long term physical conditions, intellectual disability, developmental disorders (such as Autistic spectrum) and substance misuse. All these can lead to long hospital stays. Also, a survey by Killaspy and his colleagues in 2013 showed that some patients who are admitted to acute in-patient hospitals, would have experienced mental health problems for an average of 13 years before being admitted. By this time the patient and his family would have low expectations of recovery or even worse, lost hope altogether. When taking the Maltese context into consideration, such client group will struggle in the current community based services and would benefit from in-patient rehabilitation programmes. Such rehabilitation services should adopt a recovery approach that values patients as partners in a collaborative relationship with the multidisciplinary team to identify and work towards personalised goals. Rehabilitative care might carry a stereotype of hopelessness among mental health professionals, surprisingly however, rehabilitation care can offer a certain degree of professional success if the service provide (1) a culture of healing and hope, (2) provide interventions that limit disability and (3) adjust the environment to ease the burden of the illness.

People working in rehabilitation services require a wide range of skills and expertise to meet the diverse needs of their clients for treatment and other interventions. Team members will need to share relationship, clinical, liaison and advocacy skills (Liberman et al, 2001) as well as possess specialist skills in particular areas. These skills are built on core competencies such as the 'ten essential shared capabilities' needed by all mental health workers (Department of Health, 2004a).

Relationship skills should be the essence of professionals working in rehabilitative care. These include the ability to: work collaboratively so as to empower people, using recovery and person centred

approaches, use creative and flexible approaches to motivating people who have negative symptoms and cognitive problems, promote hope and maintain enthusiasm and therapeutic optimism, even when progress is slow. Needless to say that like any other specialisation, rehabilitative care requires a series of *clinical skills*. Essentially such skills focus on working with individuals and carers to assess strengths, functional impairments, disabilities and barriers as part of a comprehensive assessment. The person working in rehabilitation should possess the ability to work with individuals to identify their personal recovery goals and to agree an approach to attaining them and help individuals develop or regain skills, often through a series of small steps. These can be provided by applying psychoeducation and relapse prevention approaches, cognitive–behavioural therapy techniques (adapted where necessary for people who have cognitive impairment), use individually tailored behavioural approaches, monitor medication (with special consideration to treatment-resistant clients) and monitor physical health and advise on how to stay healthy.

The professional specialised in rehabilitation should also have *liaison* and *advisory* skills, which include abilities to give advice and support to carers and other members of the multi-disciplinary team. Such advice should be related on modifying environments or support to enable clients to access social, vocational and educational roles. All this can be achieved by working in partnership with other agencies and support networks usually identified by the client.

In the light of plans to invest in a new Psychiatric Hospital which will surely bring about the restructuring of all current Mental Health services, one has to seriously consider rehabilitation services for clients with complex mental illnesses. Rehabilitation from mental illness is not one specific complex intervention and does not take place in one particular ward. It is a long term process that needs to be tailored to each individual's particular and changing needs.

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