

Chapter 1

Introduction

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Psychosocial rehabilitation (also known as psychiatric rehabilitation) is a term used to refer to a range of non-pharmaceutical interventions designed to help a person recover from severe mental illness.

Severe mental illness is mental illness that is both persistent and has a major impact on life functioning. Schizophrenia is the condition most commonly associated with severe mental illness but it is misleading to associate severity with diagnosis alone. There are many cases of people diagnosed with schizophrenia where the major impact of the illness is brief or where the effect on life functioning is minor. Equally, there are many people with mood and anxiety disorders or with personality disorders whose illness has a major and persistent impact on their life functioning. This book is not concerned with the treatment of a specific diagnostic group but rather with interventions designed to assist people whose mental illness has had a major and persistent impact on life functioning, regardless of diagnosis. It is also designed as a resource and guide for students who are learning how to work effectively with this population. In particular, we see it as an especially valuable resource for the student on placement in settings that provide psychosocial rehabilitation.

Some form of psychosocial rehabilitation is provided in most parts of the world. Sometimes it is provided within long-stay institutional or quasi-institutional settings but typically it is provided by community organisations, which may or may not be affiliated with clinical services. The people providing psychosocial rehabilitation may be health professionals such as nurses, occupational therapists, psychologists and social workers or they may be people without professional training but with skills and attitudes that enable them to assist such people, whether or not they have been trained as health professionals.

Contemporary psychosocial rehabilitation often takes place within a *recovery* framework, which we endorse. The recovery framework emphasises that recovery from mental illness is a process rather than an outcome. Recovery is a personal journey that is about the rediscovery of self in the process of learning to live with an illness rather than being defined by the illness. At an individual level, it is about the development of hope and a vision for the future. At the community level, it is about supporting engagement and

participation through provision of opportunity and making connection with the person rather than the illness. The recovery framework informs the way we approach psychosocial rehabilitation. In part, it means that we acknowledge that rehabilitation is only a component of recovery and that it must not seek to over-ride or replace the personal journey. It also means that we approach psychosocial rehabilitation in a spirit of collaboration and partnership with the client. Psychosocial rehabilitation is not something to be imposed on the person and even when, as often is the case, the person is subject to an involuntary treatment order or equivalent, we work with client goals and priorities and negotiate rehabilitation plans.

This book may be seen as a companion to our *Handbook of Psychosocial Rehabilitation* (King *et al.*, 2007). The *Handbook* sets out the principles and evidence base for contemporary practice in psychosocial rehabilitation. This book, which we call the *Manual*, provides the tools and resources to support evidence-based practice. The *Handbook* was well received as a primer in this field of practice but some reviewers noted that while the *Handbook* would assist the reader to work out the best approaches to psychosocial rehabilitation, many readers would still lack the resources to translate principles into practice. We hope that this book will contribute to filling that gap.

Terminology

As with the *Handbook*, we have preferred the term client to patient or consumer. This is based on research indicating that people with severe mental illness identify themselves as patients when in hospital, as clients when receiving community-based services and as consumers when in advocacy roles. We think that the term client both recognises that the service provider has expertise while maintaining an active role for the service recipient as the person seeking and utilising this expertise.

We have also maintained the use of the term rehabilitation practitioner or sometimes just practitioner to refer to the service provider. This recognises that people providing psychosocial rehabilitation come from a wide range of professional and non-professional backgrounds and that what they have in common is that they practise psychosocial rehabilitation.

Organisation of the book

The *Manual* has five main sections.

- Assessment Tools
- Therapeutic Skills and Interventions
- Reconnecting to Community
- Self-Help and Peer Support
- Bringing It All Together

The section on Assessment Tools provides information about standardised instruments that can be used to assist in both initial client assessment and evaluation of client progress.

We have focused on tools that are widely available, have good psychometric properties, are inexpensive or free, have a track record of successful use in psychosocial rehabilitation and require little or no training for use. As well as providing information about specific assessment tools, we provide a guide to when they might be used and information about how to obtain them. In most cases sample items are also provided.

The section on Therapeutic Skills and Interventions contains chapters that provide a 'how to' guide for five interventions. We don't suggest that this is an exhaustive set. However, the interventions chosen have high relevance to psychosocial rehabilitation and a track record for successful application with people who have severe mental illness and do not require extensive training. We do not expect that practitioners will become skilled in provision of these interventions simply by reading this *Manual*. We do, however, think that the *Manual* will provide a good starting point and will enable practitioners to learn from experience. We encourage practitioners to utilise supervision and to access other sources of training in the development of therapeutic skills.

The chapters in Reconnecting to Community set out programmes designed to develop capacity for both independent living and engagement with and participation in the wider community. These include very basic independent living skills, such as money management and cooking, that are often compromised by severe mental illness and more complex social skills that provide the foundation for effective participation in the community. The programmes are typically set out in a week-by-week format for application with groups but there are also tips about adapting the group programmes and tailoring them to individual needs. Many of the activities described will be affected by culture and local environment. We therefore encourage readers to adapt these programmes in accordance with prevailing culture and environment.

The penultimate section of the *Manual* is concerned with peer support, family support and self-help. The rationale for this section is that the evidence suggests that people affected by severe mental illness and those who care for them (especially family members) derive a great deal of benefit from supports and interventions that are substantially outside the psychosocial rehabilitation environment. The rehabilitation practitioner can assist by linking people to such supports and interventions and by providing support to self-help activity. In some circumstances, rehabilitation services may facilitate or sponsor peer and/or family support activities. It is also important for rehabilitation practitioners to be aware of the growing availability of high-quality self-help programmes (especially in the online environment). These can often complement psychosocial rehabilitation interventions provided one to one or in groups. These chapters provide the practitioner with both information and links to resources that will support an effective interface between the rehabilitation environment and the peer support, family support and self-help environments.

The *Manual* ends with two chapters under the heading *Bringing It All Together*. These chapters are concerned with review and evaluation of rehabilitation programmes at individual and service levels. The first of these two chapters focuses on review and redesign of an individual rehabilitation programme. It provides the practitioner with guidance on how to work with a client to identify what has been successful and what remains to be achieved while retaining a positive and strengths-based outlook. The second chapter provides guidance for evaluation of service-based programmes, especially group

programmes. The chapter will assist practitioners to determine whether or not the programmes are achieving the outcomes they were designed to achieve. Together, these two chapters emphasise that it is not sufficient to provide rehabilitation services. It is important to know that services are achieving expected outcomes both at individual level and at service level.

Sam

Sam is a young man recovering from severe mental illness. We introduced Sam in the *Handbook* and he makes regular appearances throughout this *Manual*. He is of course a fictional character, being a composite of many people we have worked with in our own practice experience. We hope that readers will find Sam to be a recognisable person who embodies many of the challenges and struggles associated with the recovery process. Sam has been a great help to us as we seek to make psychosocial rehabilitation a living process rather than an abstraction.

The authors

The authors have professional backgrounds in the fields of mental health nursing, psychology and occupational therapy. Some are primarily in service provision roles and others work primarily in research and teaching. Most of the authors are based in Australia, which has a strong international reputation in mental health because of its history of service planning and service innovation. However, the authors also bring rich international experience as a result of training, working or undertaking research or practice in various parts of North America and Europe. We have provided some additional information about the contributing editors.

Robert King is a clinical psychologist and professor in the School of Psychology and Counselling at Queensland University of Technology. He is an editor of the international journal *Administration and Policy in Mental Health and Mental Health Services Research* and a member of the research advisory committee of the International Center for Clubhouse Development. Robert worked as a mental health practitioner, team leader and service manager for 15 years before shifting his focus to teaching and research. He has strong links and collaborates with mental health researchers in North America, Europe and Asia. He has published over 100 refereed articles, books and book chapters in the field of mental health and is a regular contributor to international conferences.

Frank P. Deane is a clinical psychologist, professor in the School of Psychology and Director of the Illawarra Institute for Mental Health at the University of Wollongong. Frank worked as a clinical psychologist in a variety of settings in New Zealand and the USA before moving to Australia. He is currently the Director of Clinical Psychology Training at the University of Wollongong. He has published research articles in the area of help seeking for mental health problems, the role of therapeutic homework in therapy, medication adherence, recovery from severe mental illness and mental health and drug and alcohol treatment effectiveness.

David J. Kavanagh holds a research chair in clinical psychology at the Institute of Health and Biomedical Innovation and School of Psychology and Counselling at Queensland University of Technology, and has experience as a clinician and director of a community mental health service, among other roles. He has 28 years of research experience since receiving a PhD from Stanford University and is currently on the editorial boards of three journals, including *Addiction*. He has over 180 publications and leads the award-winning *OnTrack* internet-based treatment team at QUT. David has led or participated in many expert committees on mental health and substance use policy for national and state governments and professional bodies, and has extensive experience in delivering and evaluating training of practitioners in family intervention, co-morbidity and clinical supervision. His applied research has attracted several awards, including a Distinguished Career Award from the Australian Association of Cognitive-Behaviour Therapy in 2011.

Chris Lloyd is an occupational therapist with an extensive background in the area of mental health. She has worked in a variety of settings in Australia and North America with people of different ages and a variety of needs. Chris currently works as the Principal Research Fellow for the Gold Coast Health Service District and is an Adjunct Senior Research Fellow for the Behavioural Basis of Health at Griffith University. Her interests lie in the rehabilitation of people with a mental illness, particularly social inclusion, recovery and vocational rehabilitation. She has published widely, over 150 articles and four books.

Tom Meehan worked as a mental health nurse in Ireland before moving to Australia in 1987. He has worked in a variety of clinical, teaching and research positions and currently holds a joint appointment as Associate Professor with The Park Centre for Mental Health and the School of Medicine at the University of Queensland. Over the past 10 years, Tom has acted as chief investigator for a number of large-scale research and evaluation studies focusing on the rehabilitation of people with psychiatric disability. He has published widely and has delivered papers at professional conferences in Australia and overseas.

Reference

King R, Lloyd C, Meehan T (eds) (2007) *Handbook of Psychosocial Rehabilitation*. Wiley-Blackwell: Oxford.

