

*Readings in*  
**PSYCHIATRIC  
REHABILITATION**

*edited by*  
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CENTER FOR PSYCHIATRIC REHABILITATION

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# Foreword

In the last 20 years, community services for people with serious mental illnesses have changed dramatically. At the heart of this change has been the expansion of psychiatric rehabilitation and community support services, which are now available in most areas of the United States and in many countries throughout the world. The change and growth of psychiatric rehabilitation is accelerating as health care reform is changing how mental health services are delivered. Never has it been more important to publish and disseminate state of the art guidance for students and practitioners alike on the practice of psychiatric rehabilitation. This book presents an excellent overview of the field and provides crucial direction for providers of psychiatric rehabilitation.

More than 2 million people in the United States and 250 thousand in Canada are diagnosed with serious and persistent mental illnesses, which seriously affect day to day functioning. Many of these people could benefit from psychiatric rehabilitation services if they were available. The International Association of Psychosocial Rehabilitation Services estimates there are more than 3,000 programs offering psychiatric rehabilitation in the United States and more than 36,000 staff. Despite the dramatic expansion of the field, it has not been accompanied by a similar expansion in publications and training opportunities for staff in the field. Now is the time for change.

Health care reform, at both the federal and state or provincial levels, is already dramatically changing the way all health services are delivered, including mental health and psychiatric rehabilitation. Psychiatric rehabilitation services epitomize the best of health care reform initiatives—effective services delivered in the community, with positive outcomes and a high

level of consumer satisfaction. The importance of rehabilitation services is being recognized as it has never been recognized before. Managed care, a growing interest by for-profit mental health providers, an emphasis on outcomes and consumer satisfaction, a growing importance of agency and staff credentials, and certification will all affect how psychiatric rehabilitation is delivered and by whom. As the field expands and changes, it is important to ensure that the core concepts and the effective intervention strategies are well defined and widely disseminated.

Psychiatric rehabilitation is also known as psychosocial rehabilitation, and includes a rich range of models and technologies. The abundant diversity of services include clubhouse programs, Fairweather lodges, consumer-operated services, assertive community treatment, intensive case management, and a range of specialized services such as supported employment, transitional employment, supported housing, supported education, and social/recreational programs. But all these approaches share common goals and principles that are well reflected in the literature.

The goal of psychiatric rehabilitation is to enable individuals to compensate for or eliminate the functional deficits, the interpersonal and the environmental barriers related to the disability; and to restore ability for independent living, socialization, and effective life management. Interventions help the individual learn to compensate for the effects of the mental illness through the development of new skills and coping techniques and a supportive environment. They also counteract the effects of the hopelessness and helplessness that often accompany a serious mental illness, by restoring a sense of confidence and building on the strengths of each person, emphasizing wellness rather than illness (Hughes).<sup>1</sup>

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<sup>1</sup> Hughes, Ruth. (1993). *Psychiatric rehabilitation is an essential health service for persons with serious and persistent mental illness*. Columbia, MD: International Association of Psychosocial Rehabilitation Services.

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The core principles of psychiatric rehabilitation are reflected in all models. Fundamentally there is a belief that each person has something to contribute to community life, and can grow and change, no matter how serious the mental illness. Services are designed to empower the service recipient, and to engage in a partnership through the rehabilitation process that recognizes the strengths and wishes of the individual.

Psychiatric rehabilitation services help consumers to develop competency in the skills of community living and the skills of coping with a mental illness. Consumers are assisted in reintegrating into the normal life of the community and building networks of community support.

The primary emphasis in rehabilitation is on functioning, not on symptoms or illness. Providers generally offer a broad range of flexible services and are not restricted by the location or by the type of service, but rather by the needs and choices of the individual being served. Practitioners and consumers engage in real life activities together, rather than focusing on discussions of problems. Services may be provided away from an office or facility, and integrated into normal community life. Practitioners come from a wide range of educational and experiential backgrounds, and include a growing number of consumer-practitioners. All of this reflects a “can do” approach and generous doses of flexibility.

A growing body of research evidence consistently demonstrates the positive impact of psychiatric rehabilitation services on the lives of people with serious and persistent mental illness, as well as a reduction in the number and duration of psychiatric hospitalizations. In a review of 35 studies, Dion and Anthony<sup>2</sup> found psychiatric rehabilitation interventions reduced hospital recidivism, and positively affected employment, skill development, client satisfaction and the amount of

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<sup>2</sup> Dion, G. and Anthony, W. (1987). Research in psychiatric rehabilitation: A review of experimental and quasiexperimental studies. *Rehabilitation Counseling Bulletin*, (30), 177–203.



time spent in the community. The evidence continues to grow as research in the field grows—psychiatric rehabilitation works and should be an integral component of any system of mental health services.

While the field of psychiatric rehabilitation has grown exponentially, there are still relatively few resources for practitioners. Only a handful of colleges and universities offer preparatory courses in psychiatric rehabilitation, and publications are sparse. There is a desperate need for good resources for students of mental health disciplines and for psychiatric rehabilitation practitioners. One of the best sources of information is the *Psychosocial Rehabilitation Journal*, a joint publication of the Center for Psychiatric Rehabilitation and the International Association of Psychosocial Rehabilitation Services. The readings in this volume have been selected from the *Psychosocial Rehabilitation Journal* and represents the richness and diversity of articles published in the Journal.

This exceptional volume brings together many of the best thinkers and writers in our field. The authors and articles describe a number of different models of psychiatric rehabilitation as well as practice in a wide variety of settings. The reader will receive a good grounding in the core principles of the field and in rehabilitation research. The articles include provider, researcher, and consumer perspectives. This is an excellent resource for students and an indispensable guide for those with experience in the field of psychiatric rehabilitation.

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INTERNATIONAL ASSOCIATION OF PSYCHOSOCIAL REHABILITATION SERVICES

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# Preface

The Center for Psychiatric Rehabilitation has grown steadily over the past fifteen years. The Center's beginning, while relatively small in terms of human and fiscal resources, was strong in its staff's commitment to certain values and principles basic to rehabilitating persons with psychiatric disabilities.

We at the Center believe first and foremost that persons with psychiatric disabilities have the same goals and dreams as any other person—disabled or not. All people want a decent place to live, suitable work, social activities, and friends to whom to turn to in times of crisis. All of the Center's research, training, and service initiatives have been guided by these most basic rehabilitation values.

At its inception, the Center became part of a psychiatric rehabilitation field that had not achieved consensus on its underlying philosophy or values, nor integrated its research studies into a substantial knowledge base, nor widely publicized its model service programs, nor articulated the competencies of those who wished to practice in the field. Throughout the Center's first decade of existence, the Center's research, training, and service efforts have been aimed at working with other persons in the field to overcome these deficiencies. By the end of the 1980s considerable agreement existed on the fundamental philosophy and values of psychiatric rehabilitation; a significant body of research formed the knowledge base of a credible psychiatric rehabilitation field; a variety of model service programs had been developed, implemented, and disseminated; and pre-service and in-service training programs had begun.

The *Psychosocial Rehabilitation Journal* has been instrumental in disseminating around the world these developments in psy-

chiatric rehabilitation. A collaborative venture of the Center for Psychiatric Rehabilitation and the International Association of Psychosocial Rehabilitation Services, the *Psychosocial Rehabilitation Journal* is now a repository of the field's brief history and a source of information about ongoing developments. All of the articles selected for this book of readings were first published in the *Psychosocial Rehabilitation Journal*. They are organized so as to give the reader an understanding of the conceptual, empirical, and programmatic developments in the psychiatric rehabilitation field. These articles document the growth of the field and its increasing relevance into the 1990s.

We entered the 1980s with a field still suffering from the effects of deinstitutionalization. We entered the decade of the 1990s filled, not with the horrors of deinstitutionalization, but with the promise of rehabilitation. Because deinstitutionalization was done poorly, it was relatively easy. For many patients the doors of the institution were opened and the patients were given a prescription for their medication as they left. In contrast, effective psychiatric rehabilitation will be much more difficult. The doors of the community must be opened and people must be helped to develop a prescription for their lives.

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