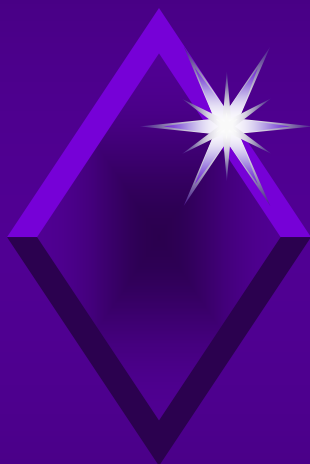




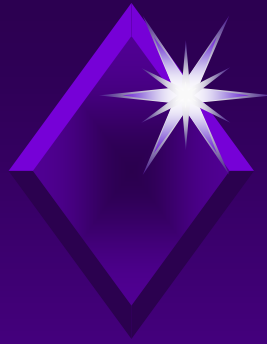
Psychosocial rehabilitation in mental health care



Angelo Barbato

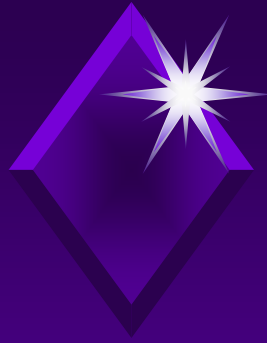
*Laboratory of Epidemiology and Social Psychiatry
Mario Negri Institute
Milan*

Bruxelles 29 November 2012



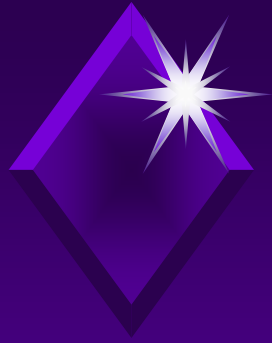
Psychosocial rehabilitation ***An updated definition***

Psychosocial rehabilitation is a public health strategy aimed at enhancing the social inclusion of people with mental disorders and improving their social/interpersonal functioning, subjective wellbeing and quality of life, by reducing the risk factors and raising the protective factors involved in the development and maintenance of social disability related to mental disorders.

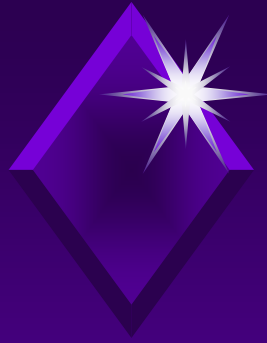


Intermediate goals of psychosocial rehabilitation

- **Improvement of psychological wellbeing**
- **Reduction of adverse effects of treatments**
- **Improvement of social competence**
- **Improvement of self-efficacy**
- **Reduction of stigma and discrimination**
- **Support to natural caregivers**
- **Enhancement of natural social networks**
- **Consumers' empowerment**



Ethics
Science
Experience

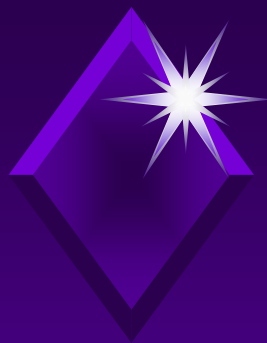


Conceptual shift no. 1

Strategy

Not

Technique(s)

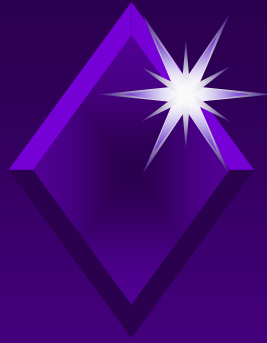


Conceptual shift no. 2

Functional disability

Not

Chronicity

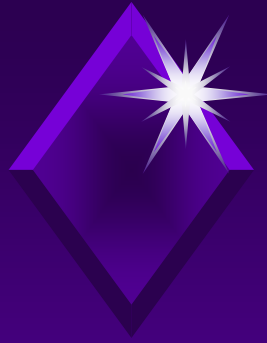


Conceptual shift no. 3

Humanistic

Not

Humanitarian

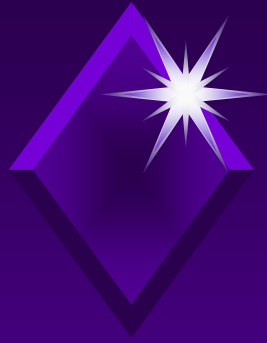


Conceptual shift no. 4

Dimensions

Not

Categories

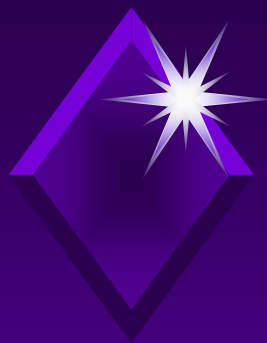


Conceptual shift no. 5

Risk factors

Not

Causes



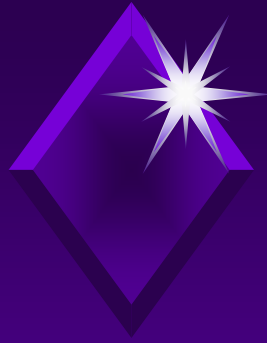
ICF

International
Classification of
Functioning,
Disability
and
Health



World Health Organization
Geneva

ICF



Principles of the ICF

Universalism

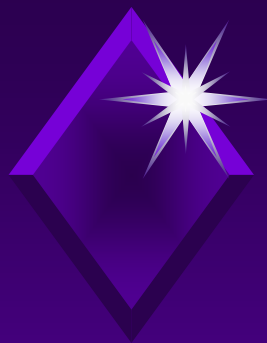
Disability is a common, normal and natural feature of the human condition, not a mark of a social minority group or a label of a specific individual

Interactive Model

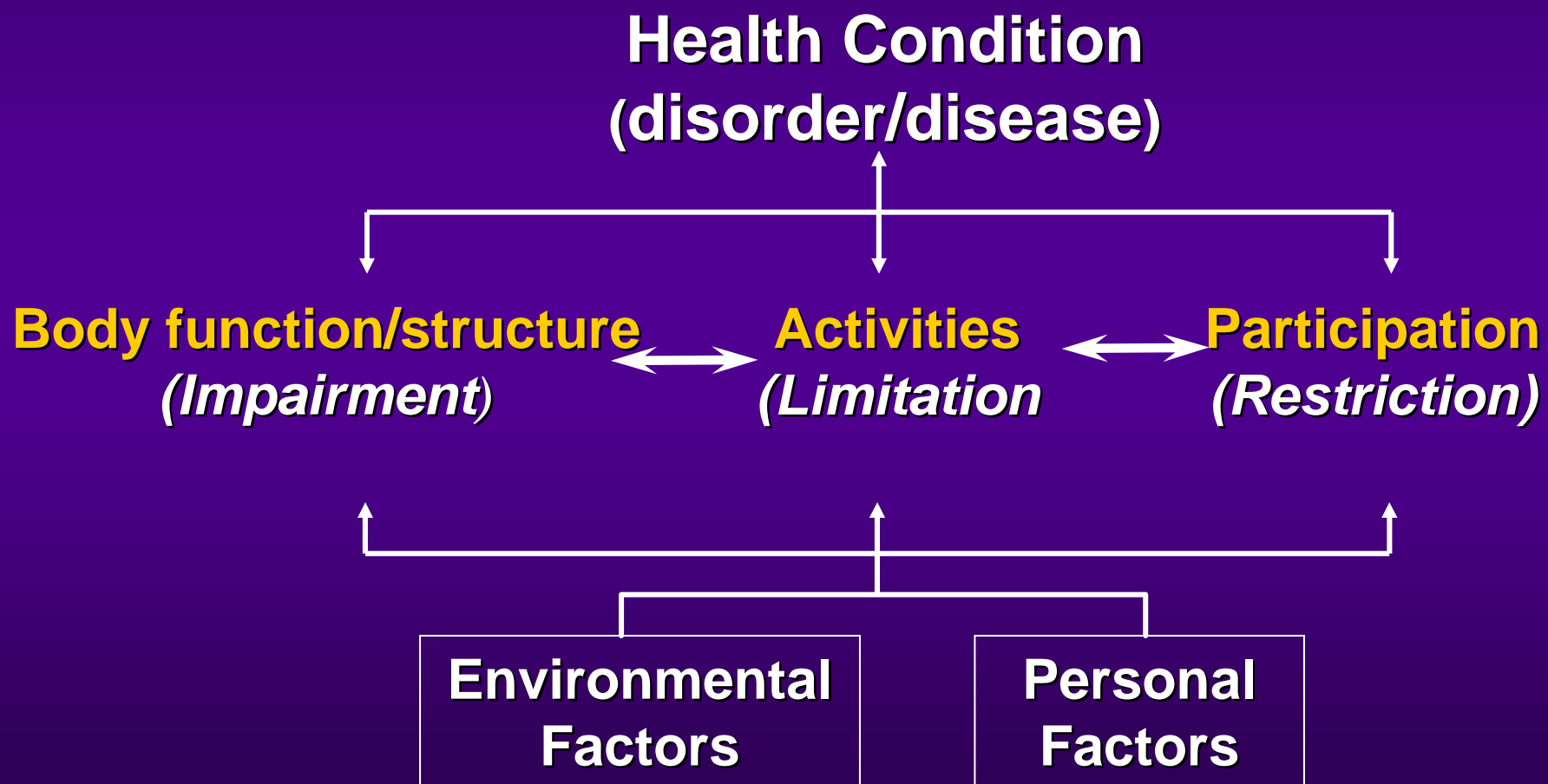
Disability is the outcome of an interaction between the intrinsic health state of the person and features of the person's physical, human-built, social and attitudinal environment

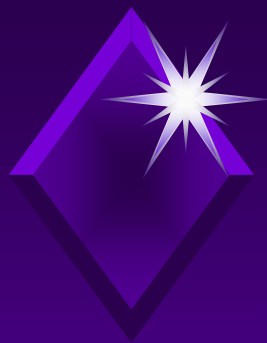
Continuity

Functional status and disability are not 'yes' or 'no' or dichotomous issues, but rather a matter of degree



ICF Model





Principles of the ICF

Universalism

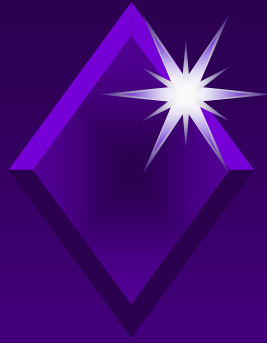
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Interactive Model

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Continuity

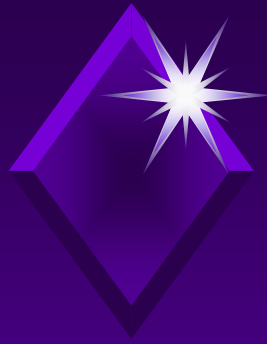
Functional status and disability are not 'yes' or 'no' or dichotomous issues, but rather a matter of degree



A Journey

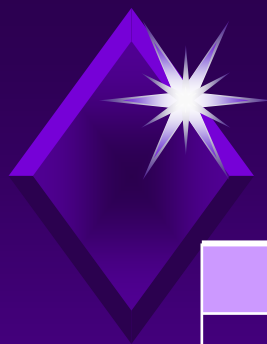
- ◆ Needs assessment
- ◆ Goal setting
- ◆ Choice of indicators
- ◆ Planning
- ◆ Implementation
- ◆ Outcome evaluation
- ◆ Needs assessment





Post-institutional mental health care

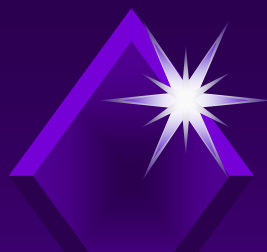
A mental health care system with no or very limited access to long-term admission to stand alone mental hospitals, in which treatment, care and rehabilitation are delivered through a network of relatively small, widespread community-based services providing hospital, residential, outpatient and home care, supported housing, employment support



Mental Hospital vs Community Residences Cost Comparison

	Mental Hospital				Community Residences			
	Direct costs €	Bed days	Average daily census	Cost per day €	Direct costs €	Bed days	Average daily census	Cost per day €
1994	11.848	130.210	357	91				
1995	12.252	123.779	339	99				
1996	11.921	119.408	327	100				
1997	12.522	113.002	310	111				
1998								
1999								
2000					5.763	58.027	159	102

Values in thousands of Euros



Running costs of Community Residences

Facility	N	Places	Personnel	Goods	Drugs/ Medical charges	Utilities/ Maintenance	Other	TOTAL	Average daily cost
RCU	3	60	2.519.010 85%	20.174 1%	47.125 2%	310.206 10%	50.959 2%	2.947.472	138
GH	7	52	960.233 69,5%	10.752 0,7	20.783 2%	326.331 24,5%	59.355 4,3%	1.385.453	82
SF	11	59	814.940 58%	15.292 1%	32.977 2%	445.706 31%	121.035 8%	1.429.949	72
TOTAL	21	171	4.294.203	46.218	100.885	1.082.243	231.349	5.762.874	99

RCU = Residential Care Unit GH = Group Home SF = Supported Flat

Values in Euros

A Study of Long-Stay Patients Resettled in the Community After Closure of a Psychiatric Hospital in Italy

Angelo Barbato, M.D.

Barbara D'Avanzo, Ph.D.

Gabriele Rocca, M.D.

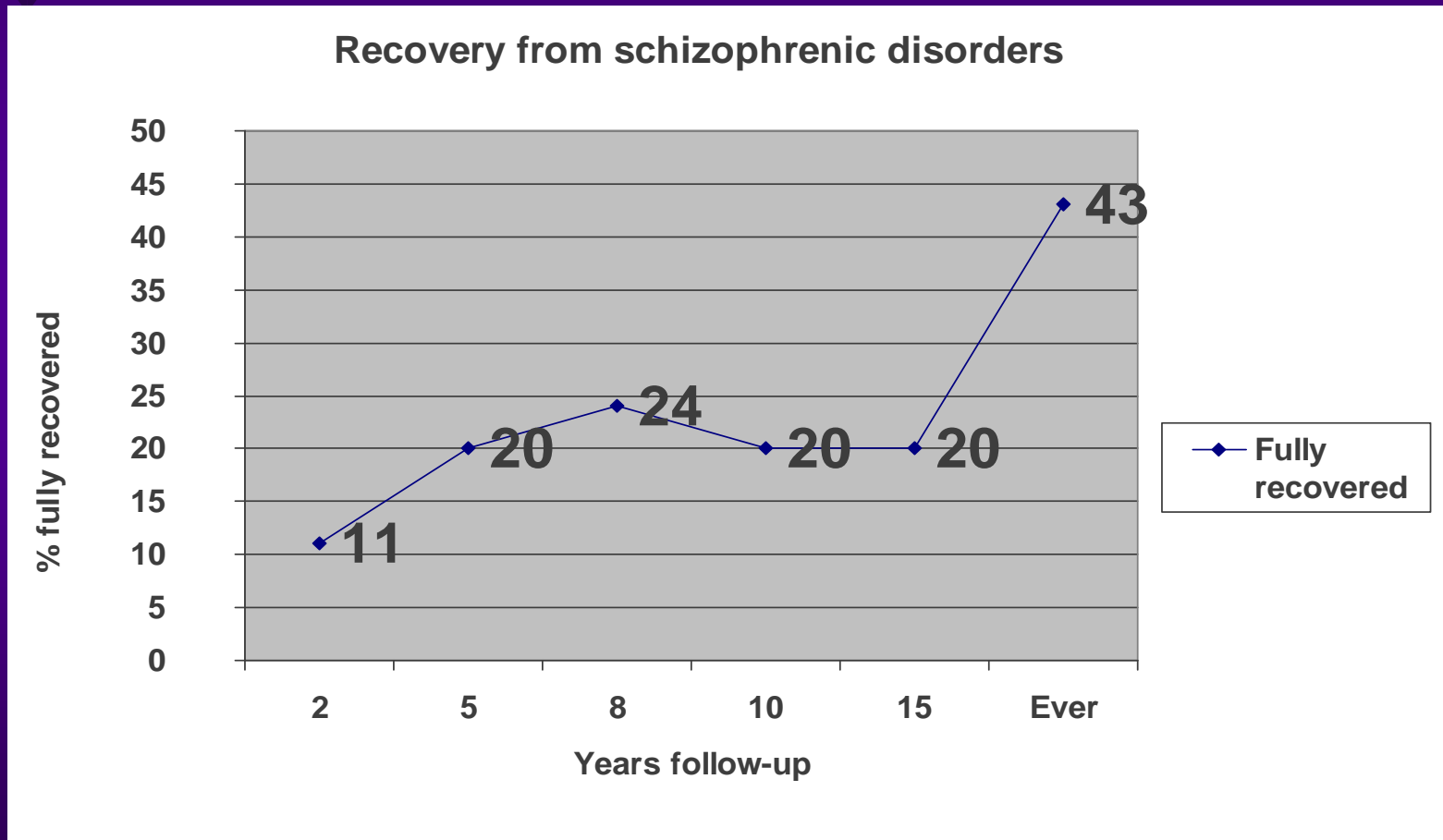
Antonio Amatulli, M.D.

Donatella Lampugnani, M.D.

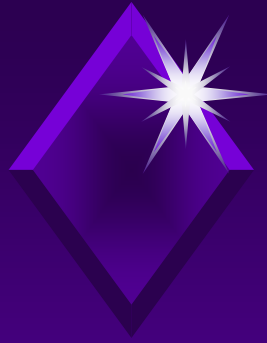
Psychiatric Services 55: 67-70, 2004



Outcome of schizophrenic disorders Chicago follow-up study



M Harrow et al Schizophrenia Bulletin 2005: 723-734



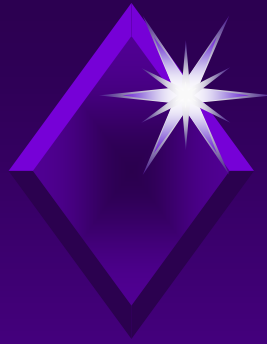
Needs and treatment

Treatment gap

Treatment lag

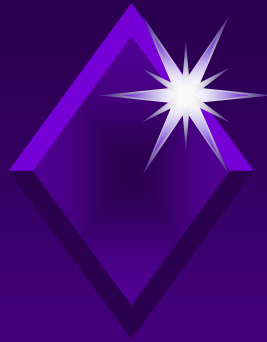
Overtreatment

Treatment harm



Innovative approaches

- ★ *Stigma reduction through interpersonal contact*
- ★ *Direct skill teaching*
- ★ *Cognitive remediation*
- ★ *Strengths model of care management*
- ★ *Illness self-management*
- ★ *Peer support*
- ★ *Individual job placement and support*
- ★ *Flexible supported housing*



Current challenges

- ★ *Fragmentation of services*
- ★ *Early intervention*
- ★ *Narrow biomedical models in psychiatry*
- ★ *Power sharing*
- ★ *Economic crisis*
- ★ *Training of clinicians*
- ★ *Consumer outcomes research*
- ★ *Integration between consumer-run and mainstream services*