

Psychosocial Rehabilitation: A New Management Dynamics of Patients suffering from Mental Illness due to COVID-19

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Abstract

Psychosocial Rehabilitation encourages personal recovery, successful community incorporation and pleasing quality of life for persons who have a mental sickness or mental health distress. During the phase of COVID-19 the psychosocial rehabilitation's services and supports performed a collaborative role, person directed, individualized, and a vital element of the human services spectrum. It helps in developing skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning and social environments of their choice and include a wide continuum of services and supports. In this article we have explained about how the psychosocial rehabilitation during the phase of COVID-19 played a great role and given a new dimension of management. Its strategies vary according to patients' needs, the setting where the rehabilitation is provided (hospital or community), and the culture and socioeconomic condition of the country.

Key Words: Psychosocial Rehabilitation, COVID-19 and Mental Health

Introduction:

Psychosocial Rehabilitation is a method of restoration of community functioning and wellbeing of an individual who has a psychiatric disability (been diagnosed with a mental disorder). Rehabilitation work undertaken by psychiatrists, psychologists, psychiatric social workers (psychiatric social workers - as per to Mental Health Act 1987 & Amendment 2018) and other mental health professionals that seeks to effect changes in a person's environment and in a person's ability to deal with their environment, so as to facilitate improvement in symptoms or personal distress.

The COVID-19 is an acute infectious disease primarily transmitted through the respiratory tract and caused by the SARS-CoV-2 virus (Baloch 2020). The covid-19 viral pandemic is likely to generate parallel or may be diverse psychiatric disorders. In the past, there were discussions on the labile or latent forms of viruses which were thought to have an etiological role in causing schizophrenia.

In the first and second phase of COVID-19 made its emergence, milder psychiatric disorders like fear, adjustment, anxiety disorders have been reported. The functional symptoms in the form of tiredness and fatigue, numbness and tingling have also been noted. Currently, the common mental health problems are related to the lack of adequate information misconceptions, and rumours being floated about the spread of covid-19 infections, its treatment and prevention. Phobia due to the infodemic (the plethora of information), fake news and rumours can perhaps be reduced by a rational lockdown on news, media and social media (Chaturvedi, 2020) .

There was also tremendous stigma towards covid-19, people who turned positive on testing, or were at high risk, or primary or secondary contacts. On the positive side, the government and community have become well aware of the mental health issues, anxieties, stress and fears related to covid-19 and launched widespread mental health teaching on this aspect (Chaturvedi, 2020). Mental health counsellors are being sought after and multiple telephone help-lines have been launched. The counselling for such mental health issues and stigma could mainly be provided through remote methods, like, tele-counselling and chats. Numerous health education materials in the form of pamphlets, videos and use of technology to deal with this stigma have been launched to counter the effect of stigma, negative impact of rumours, and to provide accurate and authentic information (Cherian, A.V 2020 & Meena 2020).

Thus, stigma associated with covid-19 pandemic has reduced stigma towards mental health and seeking mental health services and counselling. According to a report of Surgeon General of U.S. 1999 on Mental Health stated that It included "combine pharmacologic treatment, independent living, social skills training, psychosocial support to clients and to their families, housing, vocational rehabilitation, social support, network enhancement, and access to leisure activities" It is often focus on challenging stigma and prejudice to enable social inclusion, on working collaboratively in order to empower client and sometimes on goal of full psychosocial recovery.

WHO (1995) states that Psychosocial rehabilitation is a process that offers the opportunity for individuals who are impaired, disabled or handicapped by a mental disorder to reach their optimal level of independent functioning in the community. It involves both improving individual competencies and introducing environmental changes (L. Ponnuchamy 2016).

Psychosocial rehabilitation is a term used to describe services that aim to restore the patient's ability to function in the community. It not only includes the medical and psychosocial treatment but also includes ways to foster social interaction, to promote independent living, and to encourage vocational performance. In the present scenario the psychosocial rehabilitation aims to integrate patients back into the community. The goal of psychosocial rehabilitation is to teach skills and provide community support so that the individuals with mental disabilities can function in social, vocational, educational and familial roles with the least amount of supervision from the helping professionals. The professionals must involve families in treatment planning and implementation. So rehabilitation is labor intensive and a person-to-person venture. The developing countries are having dearth of financial resources, which causes tremendous difficulties in rehabilitation of the patients. A study of the status of the mental hospitals commissioned by the National Human Rights Commission revealed gross inadequacies in all aspects of care, clinical services and rehabilitation (National Human Right Commission, 2012).

Psychosocial Rehabilitation (PSR) gradually developed over the last 40 years as a practice modality to assist people with mental health disabilities. Its development, however, was not coordinated but eclectic in nature. Its Impetus came from the activities of ex-mental health clients who desired a more humane and less medical model of support and care (Malamud & Beard, 1982).

We should also understand about the "Rehabilitation" which is a learning about two components- enabling & caring, enabling in the sense of helping the individual to lead in normal life as possible in spite of limitations, and caring are helping to create various kinds of protected or supported environment adaptation. In the Indian societies the stigma is a significant theme in rehabilitation of any disabling disorder. One of the key objectives of mental health rehabilitation is reducing stigma towards mental illness

Historical Development of Psychosocial Rehabilitation:-

The history extends from World IInd, rehabilitation in general like other developments in health care acquired a paradoxical impetus from warfare, in which the need to restore role functioning is evidently felt more acutely. From the 1960s and 1970s, the process of deinstitutionalization meant that many more individuals with mental health problems were able to live in their communities rather than being confined to mental institutions. Medication and psychotherapy were the two major treatment approaches, with little attention given to supporting and facilitating daily functioning and social interaction. Therapeutic interventions often had little impact on daily living, socialization and work opportunities. There were often barriers to social inclusion in the form of stigma and prejudice. Psychiatric rehabilitation work emerged with the aim of helping the community integration and independence of individuals with mental health problems.

Psychiatric Rehabilitation and Psychosocial Rehabilitation became used interchangeably, as terms for the same practice. These approaches may merge with or conflict with approaches based in the Consumer/Survivor Movement. Although current literature in the United States uses the names psychosocial rehabilitation and psychiatric rehabilitation interchangeably, around year 2005, the professional organization IAPSRs (International Association of Psychosocial Rehabilitation Services) changed its name to USPRA (United States Psychiatric Rehabilitation Association) and the trend is toward under the title of Psychiatric Rehabilitation. The Board of Directors of the United States Psychiatric Rehabilitation Association (USPRA-2005) approved and adopted the following standard definition of psychiatric rehabilitation that "Psychiatric rehabilitation promotes recovery, full community integration and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives". If we talk about the concept of psychiatric rehabilitation is associated with social psychiatry and is not based on a medical model of disability and the concept of mental illness. However, it can also incorporate elements of a social model of disability. A sometimes similar but sometimes alternative approach employs the concept of psychosocial recovery rather than rehabilitation, and is less centered on professional services. Problems experienced by people with psychiatric management are thought to include difficulties understanding or dealing with interpersonal situations, prejudice or bullying from others because they may seem different, problems coping with stress (including daily hassles such as travel or shopping), difficulty concentrating and finding energy and motivation.

New Psychosocial Rehabilitation: Treatment & Management Model

Psychosocial rehabilitation is a multidimensional therapeutic & management effort which requires the active involvement of multiple professionals (e.g. psychiatrists, psychologists, occupational therapists, counsellors, outreach workers, psychiatric social

workers, physicians etc.) and patient's caregivers. This unique model does not only provide pharmacological intervention and skills based training but also enables patients for social and economic inclusion through sensitizing the family and community members for acceptance of persons with mental illness due to COVID-19 (Saha, et al.,2020). We can include the activity scheduling, psycho-education classes, living skills training, culinary skill training, yoga training, recreation therapy, social skill training, cognitive retraining, music & dance training, computer training, craft & artwork training, and work skill training (*Nechiyilthody Pfizer, MA Kavitha, 2018*). In India many people were affected by the COVID-19 and had developed anxiety, fear, insomnia, or high degrees of psychological distress. Most of the discussions about addressing COVID-19-related mental health problems are focused on what we can do as individuals. The World Health Organization has published a helpful document. This WHO infographic is less detailed, but easy to digest. The advice is consistent with what has always helped mental health; staying connected, keeping busy, getting physical activity, staying calm, managing information intake, maintaining a routine, and sleeping well. Many COVID camps in Delhi and other states had addressed many complaints & queries about COVID related mental health problems and even many calls were received at these centers. Psycho-Education and Counselling has shown great effort in minimizing fear, anxiety, depression, and others mental health issues. It was the lack of mental health professionals that faced the stress while dealing with queries about high degrees of psychological distress due COVID - 19.

Conclusion

The strategies of psychosocial rehabilitation vary according to patients' needs, the setting where the rehabilitation is provided (hospital or community or COVID Treatment center), and the culture and socioeconomic condition of the country. Psychosocial rehabilitation enables individuals to acquire or regain the practical skills needed to live and socialize in the community, and teaches them how to cope with their disabilities. It includes assistance in developing the social skills, interests and leisure activities that provide a sense of participation and personal worth. It also teaches living skills, such as a diet, personal hygiene, cooking, shopping, budgeting, housekeeping and using various means of transport.

In the future various mental health problems can be observed. The new dimension of Psycho-Covidology or Psychology of Coronology may emerge.

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