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Presidential Address

THE FUTURE OF PSYCHOSOCIAL REHABILITATION IN THE ERA OF GLOBALIZATION

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Talking about the future of psychosocial rehabilitation we must first look at the present. Has the current body of knowledge and the scientific development of the field of psychosocial rehabilitation grown enough to provide sufficient evidence for its effectiveness?

Despite that the area of scientific psychosocial rehabilitation has a history of 20-25 years it is commonly accepted that a substantial progress has been achieved in various sections of rehabilitation, such as:

1. The methodology of assertive community treatment and social skills training of chronically mentally ill persons living in the community or already being deinstitutionalized,
2. The involvement of families and relatives in the rehabilitation process through psychoeducation.
3. The increasing development of evaluation and psychometrics research, providing reliable and valid results for the assessment of various interventions
4. The beginning of active participation of several institutional and structural components of community in the reintegration of chronically mentally ill persons and their vocational rehabilitation
5. Stigma for the first time has been an open common target for many professionals, families, consumers and international societies and organizations.
6. Finally, consumers or users are getting together and are organized to fight social exclusion and to struggle for human rights.

All the above developments are complemented by the wide use of novel antipsychotics, providing safe treatment without disabling side effects and securing community based continuity of care.

Apparently the volume of knowledge of psychosocial rehabilitation during the last twenty years has all the ingredients for a fruitful evaluation.

Additionally, psychosocial rehabilitation incorporates the political notion of strategy.

"Ten years ago the joint W.H.O./W.A.P.R. consensus statement defined also psychosocial Rehabilitation as a strategy that facilitates the opportunity for individuals, impaired or disabled by mental disorder, to reach their optimal level of functioning in the community, by both improving individuals competencies and introducing environmental changes."

The psychiatric rehabilitation process focuses primarily on the patients existing capabilities based on the "well part of ego", but the idea of restoration of the impairments of these capabilities seems to be mechanical and linear.

The maintenance of civil rights of patients, and their aspirations are always taken into account, but their needs in adequate education, work, housing and community acceptance are often confronted by legal, social, cultural and economic constraints. Psychosocial rehabilitation recipients are engaged in mental health care policy decision-making processes and the interconnections of social welfare state and the socioeconomic phenomena of globalization.

Psychosocial rehabilitation novel interventions and techniques, such as Case Management, Social Skill Training, Assertive Community Treatment and others, have been proven to be effective but their therapeutic and rehabilitative strengths are weakening or even neutralized, when the social, cultural and economic environments are negative or even hostile to the recipients of the psychiatric rehabilitation programs.

Talking about the present and future of Psychosocial Rehabilitation, we are experiencing for the first time a world sociopolitical climate called "Globalization".

More in particular, after the collapse of the Soviet Union, globalization in the 21st century is growing fast, producing the following phenomena:

- There is one super power, the U.S.A. There are still conflicts and military interventions in various geopolitical areas, causing significant numbers of refugees and victims among civilians, especially children.
- The outstanding development of technologies of communication and the complete control of mass media by several only organizations.
- Uneven distribution of world population and increasing waves of immigration.
- Augmentation of metropolitan areas with ghettos and slum areas consisting of disadvantaged minorities.
- Enormous environmental pollution i.e. the green house effect, as well as several mutations in microbes. Additionally, there is water shortage all over the planet.
- Increasing gap between consumption levels and production of energy resources and centralized control of production and distribution of natural resources.
- Tremendous differences in the per capita income between first, second and third world and internationalization of capitalism by the development of gigantic multinational companies. Similarly, there is an enormous increase of the debt of the third world countries.

Work is a basic rehabilitation goal and obtaining a job (full time or part time) is always a desirable ambition. The question is how to get a job when unemployment rates are high, for the same age groups with those of patients?

In most Western states, economic recession is a chronic phenomenon. This could cause difficulties even to supported employment programs. Economic recession is always linked with psychosocial programs budget-cuts leading to a less social welfare state.

In the turn of the century these phenomena are aggravated and globalization of economy has become synonymous to serious economic changes (market economy), resulting increasing unemployment rates (investments are moving to cheap labor countries), privatization of social instructions, high social mobility (immigration), family structure transformation and marginalization of social disadvantaged groups e.g. lower socioeconomic class unskilled workers, minority groups and disabled persons.

The growing economic insecurity causes a considerable burden especially to families with a member suffering from serious mental illness. These families are often facing profound economic hardship. Poverty has intense negative impact for psychosocial well being, self esteem, health (physical and mental), and the quality of life in general. Especially low levels of quality of life in its

various domains (social relations, leisure activities, nutrition, and housing) are experienced by individuals suffering from serious mental illness and family members. Additionally, the fast growing processes of deinstitutionalization of long stay inpatients in public mental hospitals, are involving the family and the community.

When the family and the local community are unprepared or unable to accept the deinstitutionalized patients, then those patients are likely to become homeless, or are transinstitutionalized. At this case psychiatric rehabilitation, sounds ironic. Apparently the era of globalization has rather negative implications for the provision of effective psychiatric rehabilitation programs.

The question is to what extend there is room for optimism that the impact of the globalization could be eliminated or even "neutralized" for the benefit of the patient and the family? The answer is definitely positive. There are solutions like the empowerment of the international movement of families and users of psychiatric services with parallel efforts for self-actualization, self-determination of any suffering person. Political coalitions with other activist groups and associations are strengthening the ties and the struggle for equal rights of disadvantaged persons. At the community level, the atmosphere could be changed by the systematic implementation of various mental health interventions directed at the modification of the local community's beliefs and attitudes towards the integration of the mentally ill. The encouragement of volunteerism in the field of mental health and the exploitation any available community resource for food, housing and work could somehow replace the absence of social welfare state.

Psychiatric rehabilitation is a multidimensional and dynamic process, involving three parties: the patient/family, the State and the community. The process is taking place in specific socioeconomic environment, not in a vacuum. Every professional in this field has to be optimistic as well as skeptical or critical to the role of the environment as a major factor in the implementation of effective psychosocial rehabilitation.

We strongly believe in the future achievements of psychosocial rehabilitation in the forthcoming years, against all political, social and economic constraints appearing in the new Millennium.

Our World Association for Psychosocial Rehabilitation now has come of age, carrying twenty years of experience and fruitful work all over the world.

We will continue our fruitful collaboration with the World Health Organization and the U.N.

- The number of advanced institutes in low-income countries increased, given the appropriate support by W.H.O., the local professionals and governments.
- The ties with international associations of the same interest, such as the World Federation for Mental Health, the World Psychiatric Association, must be strengthening.
- Alliances with international associations of families and users will go stronger by exchanging ideas and putting common goals into practice.
- Immediate interventions at local international for every case of endangering the protection of human rights and dignity of persons suffering from severe mental illness.

The future lies ahead of us, strengthen the alliances between users, families and professionals.
