

The Application of Multiple Rehabilitation Model in Psychiatric Patients Recovery

Tzyh-Chyang Chang¹

¹*Department of Occupational Therapy, Bali Psychiatric Center, MOHW, Taiwan*

Department of Occupational Therapy, Asia University, Taiwan

(Email: otchang@gmail.com)

Abstract

The purpose of this paper was to explore the recovery effect and the application of the multiple rehabilitation model for psychiatric patients in the psychiatric hospital. The multiple rehabilitation model for psychiatric patients included basic ADL and IADL rehabilitation programs, cognitive rehabilitation programs, community rehabilitation programs, and vocational rehabilitation programs, as well as the final goal of this multiple rehabilitation model is to get the good quality of life for psychiatric patients. All participants were assessed by the professional teams and assigned different rehabilitation programs of the multiple rehabilitation model. This study also addressed the recovery after the appropriate individual vocational rehabilitation models and vocational training programs in order to increase the quality of vocational training and to enhance the work skills of psychiatric patients.

Introduction

Work not only serves as a means of financial sustenance but also plays a pivotal role in facilitating personal development, social integration, identity formation, and overall societal advancement. It addresses various fundamental human needs, such as the need for engagement, a sense of belonging, status, lifestyle, and a sense of purpose. Consequently, work assumes substantial significance in the lives of individuals. However, individuals with mental disorders often encounter formidable barriers in the employment process, primarily stemming from self-doubt, feelings of stigma, challenges in interpersonal relationships, and deficits in social skills.

Individuals with mental disorders typically aspire to secure employment or regain their previous job positions, recognizing the positive impact work can have on their skill development, social interactions, self-esteem, confidence, and financial stability. By means of employment, these individuals can be supported in achieving independent living, familial adaptation, and successful reintegration into society at an earlier stage. Furthermore, providing opportunities for individuals with mental illnesses to engage in work, even in simpler capacities, can serve as an effective rehabilitative intervention. The aforementioned points collectively underscore the significance of work for individuals with mental disorders.

In order to improve the employability of people with psychiatric disabilities, we have planned a multi-rehabilitation model for mentally ill patients in a psychiatric hospital, and further explored the effect and application of rehabilitation.

The multiple rehabilitation model for mentally ill patients includes: basic ADL and IADL rehabilitation projects, cognitive rehabilitation projects, community rehabilitation projects and vocational rehabilitation projects, and the ultimate goal of this multiple rehabilitation model is to enable mental patients to obtain a good quality of life.

This multi-rehabilitation model was planned in a psychiatric hospital in Taiwan, hoping to make psychiatric patients to be the success stars of recovery after received rehabilitation programs. The innovative multi-rehabilitation model of the psychiatric center is called to become the Recovery Star, which focuses on the completion of the five main recovery powers competencies, including Stress Resistance power, Health Brain

power, Integration power, Autonomy power and Productivity power, in order to achieve successful rehabilitation of psychiatric patients. The Recovery Star is applied through the development of therapeutic groups in different wards using the five recovery powers, including anti-stress (positive thinking), mind-up (health in mind and brain), temperament (culture and art), autonomous (exercise and independence), and productivity (vocational rehabilitation). The aim of the diverse occupational rehabilitation model in the Recovery Star is to rebuild patients' work attitudes, train their work skills, and enhance their productivity. The center offers various kinds of industrial therapy to psychiatric patients, such as sheltered workshops, supportive employment, work skill training, and prevocational work teams, including pottery work teams, lazurite work teams, horticulture work teams, and quilt work teams. Additionally, the center provides baking vocational training and connects patients with cross-industry alliances, art competitions, and media exposure. After discharge, patients are referred to community rehabilitation centers, vocational training, and functionary clinics for continuous support and services to help them become productive members of society and achieve full recovery.

Methods

In this study, occupational therapists played an important role in constructing the multivariate rehabilitation model. In recent years, occupational therapy has applied the recovery model to rehabilitation therapy for psychiatric patients, giving them more hope. Recovery refers to the personal rehabilitation process of individuals with severe mental illness or substance use disorders, which includes lifestyles beyond diagnosis and symptoms, achieving treatment goals, meaningful and satisfying life experiences.

In the rehabilitation process for psychiatric patients, providing diverse occupational rehabilitation models aims to make them the "Recovery Star" with the best rehabilitation outcomes. The achievement of the recovery star relies on the completion of five recovery strengths, and the productivity effectiveness is used as the overall performance of the recovery star. In addition to the traditional acute and chronic occupational therapy activity groups for inpatients, the multiple occupational rehabilitation models provided by this program also focus on the design of diverse job skills training programs for patients in vocational rehabilitation and application, aiming to improve the productivity of patients as the best result of the recovery five strengths model and cultivate patients as the goal of the recovery star.

The work training of the recovery star starts from the earliest group therapy and mainly consists of basic industrial therapy, such as subcontracting training and diverse in-hospital work training, starting from the middle stage of rehabilitation. Considering that patients have different levels of work ability, interests, and specialties, an advanced version of basic work training is planned - the establishment of various types of work teams. By arranging work teams that match the patients' interests and specialties, patients with basic work skills can learn and specialize more, and play to their strengths.

Finally, to provide comprehensive and continuous services, vocational training and employment services are also added. These innovative models not only consider the individual situation of patients and bring out their original abilities but also stimulate their work potential and improve their employment rates, achieving the goal of patients returning to the community and becoming independent and valuable roles.

Occupational Therapists play an important role in the different stages of building a recovery star, as follows:

Acute Phase:

Occupational therapists evaluate the patient's symptoms and degree of functional impairment, and develop an individualized occupational therapy plan based on their specific needs, including:

- Using activity processes to evaluate the patient's functional status and prognosis.
- Using various activities to transfer abnormal thinking and adjust uncomfortable symptoms, regulate emotions.

- Improving their self-care abilities and establishing appropriate daily routines.
- Creating successful experiences for patients and building their sense of competence through activity participation.

Rehabilitation Phase:

Set occupational rehabilitation period according to the expectations of patients and their families.

- Using cooperative group activities to enhance interpersonal interaction and social skills.
- Using operational activities to improve executive functions, hand dexterity, such as recognition, classification, steps, scheduling, etc.
- Using industrial activities to rebuild work habits, work attitudes, and work skills, and rebuild lifestyles.
- Connecting with in-hospital work training, work teams, simulating workplaces, increasing work skills, resilience, and work efficiency.

Restoration Phase:

- Giving patients "empowerment" opportunities to learn how to choose and make decisions for themselves, promoting the restoration process.
- Linking community resources, promoting social adaptation, encouraging participation in community activities, and contributing one's efforts.
- Rebuilding the physical and mental functions of psychiatric patients, assisting them to adapt to family and social life, and ultimately return to society.

Occupational therapy plays a critical role in the rehabilitation process for individuals with mental illness. Occupational therapists consider the patient's unique functional performance at different stages of their illness and provide appropriate and effective intervention strategies to help them achieve maximum functional recovery, rehabilitation outcomes, and successful community reintegration.

The significance of rehabilitation lies in learning how to transform and overcome the limitations caused by illness, so that they no longer hinder individuals from pursuing their life goals. Through the analysis of our hospital team, we have identified five forces that can assist us in embarking on the "road to rehabilitation" and creating the five forces of happy rehabilitation. These can help patients and their families gradually transform into "rehabilitated individuals". By focusing on the reconstruction of basic self-care and cognitive abilities in the acute ward, individualized skill development and the formation of work habits and attitudes in the chronic ward, and vocational training and employment services in the restoration phase, we aim to achieve the goal of returning to the community and self-sufficiency.

Integrating the essence of the five forces of rehabilitation and cultivating our patients to become rehabilitation stars, just as the star that represents rehabilitation has five points, they must possess the five main forces of rehabilitation: stress resistance, brain power, integration, autonomy, and productivity. These are the primary characteristics of self-realization for patients to achieve rehabilitation productivity.

Stress Resistance power

Excessive stress can lead to physical burden and illness, much like overeating. Therefore, improving resilience is also an essential training to achieve rehabilitation, comfort, and happiness. The definition of resilience includes positive thinking, optimistic living, increasing flexibility, and stress release. Media such as music, art, and environment can be used as tools to help relieve stress.

Health Brain power

A healthy brain function is the foundation of all mental and physical rehabilitation, which requires

proper medication, regular sleep, and avoiding substances that can harm the brain. Maintaining a balanced and healthy brain function can improve focus, concentration, and productivity, leading to a sense of achievement in accomplishing daily tasks and life goals. Using tools such as computer programs and written materials during activities can stimulate brain activity and promote mental fitness.

Autonomy power

Physical health is an essential part of a happy life. A proper balanced diet, cultivating good habits of life and exercise, can strengthen the body, enhance immunity and physical strength. Being able to take charge of one's own life is a happy thing, including self-management and self-control. Making choices for oneself and taking responsibility for those choices, being the master of one's own mind. In activities such as physical exercise or nutrition-related activities, patients can fully experience the grasp of self-determination by participating in them.

Integration power

Through appropriate clothing, speech, manners, and etiquette, as well as communication and expression skills, one can build confidence, appreciate oneself, and enhance friendships. Engaging in leisure, cultural, and artistic pursuits on a regular basis makes life more fulfilling and stimulates curiosity about life, making spiritual life more active and exciting, and improving the quality of life. Additionally, humans have a need to be loved and to have a connection with others. The closer we become to others, the more we care about the things that happen in our lives and in the lives of those around us, and the more we appreciate the help and sacrifices made by others. Feeling the warmth of family, community, and society can bring a sense of belonging and happiness.

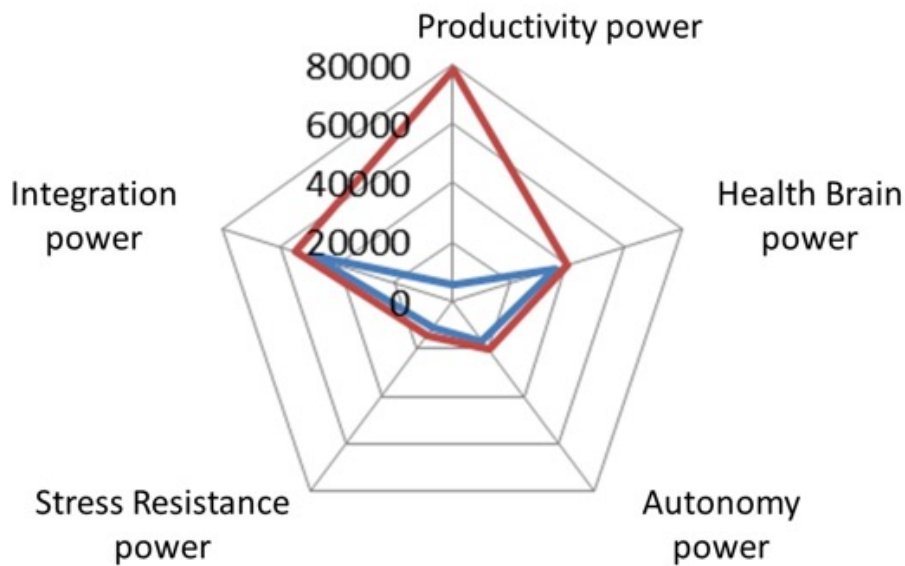
Productivity power

Regardless of one's abilities, finding a role that is productive and contributes to life, and working hard to fulfill it, brings dignity and value to oneself. Being able to earn money and receive monetary compensation for one's role provides greater motivation to strive towards a life of independence and autonomy.

Results

In 2015, there were 100 beds in the acute care ward, 400 beds in the rehabilitation and chronic care ward, 100 beds in the day care ward, 6 people in the recovery and sheltered employment ward, 60 beds in the Zhonghe community, and 12 people in vocational training. In the early stages of the acute and rehabilitation periods, group activities focused on providing rehabilitation Five Forces. From the middle to later stages of the rehabilitation period, basic industrial therapy such as contract work and in-house work training was provided. In the later stages, advanced work team training was provided. During the recovery period after the patient was discharged, sheltered work training was provided, such as activities at the Happiness Station, rehabilitation center in Zhonghe community, baking vocational training, etc. Through investigation and statistics, changes and comparisons in the number of service users for Five Forces in each period were shown in Figure, indicating that a large amount of service content related to productivity was provided from the middle to later stages of the rehabilitation period.

Figure I. Radar chart of Rehabilitation Five Powers in different stages in 2015



Currently, the application of the "Five Forces of Rehabilitation Stars" is still in the stage of group classification and integration since 2015. However, it can be seen from the radar distribution chart of the rehabilitation forces mentioned above that productivity has increased significantly from the late rehabilitation period. By utilizing the advantageous environment of the hospital's proximity to mountains and water, leading patients to visit outdoor areas, appreciate the hospital's flora and fauna, and cultivate their ability to resist stress, intangible benefits in regulating the body, mind, and spirit have been achieved.

Increasing medication compliance by understanding drugs and diseases and actively participating in cognitive rehabilitation activities is a concrete result of brain power enhancement, which improves concentration and balances brain function, thus maintaining good health.

Cultivating patients' recovery from the acute stage has been a concept of self-expectation and responsibility from the beginning. Gradually, patients have become less reliant on their families and staff, actively participating in discussions and planning of rehabilitation programs, and striving for job opportunities and referrals to rehabilitation homes and community rehabilitation centers during rehabilitation periods. By expressing confidence, courageously engaging with people and integrating with the community, patients can reduce the burden on their families, which is an invaluable benefit of self-reliance.

By utilizing the unique advantages of the department and other professions, the hospital has established a patient choir, combined art appreciation therapy, poetry creation, travel and life, etc., leading patients to have more connections with society and gradually reversing the negative perception of mental patients in the media with integration power. By setting up various operational group training programs, many work teams with distinctive characteristics have been established, such as patchwork work teams, pottery work teams, the largest industrial therapy processing plant in northern Taiwan, and the "Happiness Supply Station" light food work team, which satisfies patients with different interests and abilities, helping them establish work habits and skills, and leading them towards productivity benchmarks of "teaching them how to fish" instead of "giving them fish."

Conclusion

Patients with mental illness participate in our hospital's diverse vocational therapy programs, aiming to cultivate their work abilities and become stars of recovery with the goal of restoration. Throughout the rehabilitation process for individuals with mental illness, we integrate five elements of recovery power (including Stress Resistance power, Health Brain power, Integration power, Autonomy power and Productivity power) to provide appropriate and effective therapeutic interventions. This approach allows patients to achieve maximum functional restoration, optimal rehabilitation outcomes, and successful social reintegration, ultimately becoming stars of recovery.

After receiving multidimensional psychiatric treatment and rehabilitation, patients with mental illness actively demonstrate the benefits of destigmatization promotion and the success of being a recovery star. Furthermore, in the past two years, our hospital has also employed seven successful recovery stars in positions such as horticultural maintenance, campus cleaning, access control supervisor, administrative support, and light food preparation. This concrete action supports the employment of recovery stars.

In the future, we hope to develop suitable job categories for patients to transfer to employment in conjunction with the pulse of society, such as the currently developed housekeeping service training and related communication, promotion, and service categories. We hope to rise up in the era of declining industries and enter the realm of sustainable "excellence" and "winning" (mentally ill patients becoming winners in life). With the advancement of modern medicine, most patients can achieve good control of their symptoms through appropriate medication, psychological and rehabilitation therapies. Effective occupational rehabilitation and training can help patients regain their confidence and gradually reintegrate into society and the workforce. Our hospital's specific achievement in the multidisciplinary occupational rehabilitation model for psychiatric patients is the emphasis on achieving recovery productivity as a self-practice goal. By participating in the multidisciplinary occupational rehabilitation model and utilizing the hospital's complete resource integration and vocational rehabilitation application, psychiatric patients are able to enhance their productivity cultivation before discharge and achieve recovery. In addition, the achievements of these psychiatric patients who participated in the multidisciplinary occupational rehabilitation model have been recognized by the public through various media exposures, providing a comprehensive presentation of the effectiveness and recovery of psychiatric patients in multidisciplinary occupational rehabilitation.

References

- Anthony, W. A., & Jansen, M. A. (1984). Predicting the vocational capacity of the chronically mentally ill. *American Psychologist*, 39(5), 537-544.
- Bandura, A. (1986). *Social foundation of thought and action: A social cognitive theory*. New Jersey: Englewood Cliffs.
- Becker, D., Whitley, R., Bailey, E. L., & Drake, R. E. (2007). Long-term employment trajectories among participants with severe mental illness in supported employment. *Psychiatric Services*, 58, 922-928.
- Blankertz, L., & Robinson, S. (1996). Adding a vocational focus to mental health rehabilitation. *Psychiatric services*, 47, 1216-22.
- Bsaaett, J., Lloyd, C., & Bassett, H. (2001). Work issues for young people with psychosis. Barriers to employment. *Br J Occup Ther*, 64:66-72.
- Deen, M., Gibson, L., & Strong, J. (2002). A survey of occupational therapy in Australian work practice. *Work* 19:219-230.
- Guterman, N. B., & Bargal, D. (1996). Social workers' perceptions of their power and services outcomes. Ad-

ministration in Social Work, 20(3), 1-20.

- Kirsh, B. (2000). Factors associated with employment for mental health consumers. *Psychiatr Rehabil J*, 24:13- 21. 9.
- McGurk, S. R., Meltzer, H. Y. (2000). The role of cognition vocational functioning in schizophrenia. *Schizophrenia Research*, 45, 175-184.
- Michon, H. W. C., Weeghel, J., Kroon, H., & Schene, A. H. (2005). Person-related predictors of employment outcomes after participation in psychiatric vocational rehabilitation programmes: A systematic review. *Social Psychiatry and Psychiatric Epidemiology*, 40(5), 408-416.
- Salkever, D. S., Slade, E. P., & Karakus, M. C. (2003). Employment retention by persons with schizophrenia employed in non-assisted jobs. *Journal of Rehabilitation*, 69, 19-26.
- Scheid, T. L. (1993). An investigation of work and unemployment among psychiatric clients. *Int J Health Serv*, 23: 763-782.
- Tsang, H., & Lam, P. (2000). Predictors of employment outcome for people with psychiatric disabilities: A review of the literature since the mid '80s. *Journal of Rehabilitation*, 66(2), 19-31.
- Waghorn, G., Chant, D., & King, R. (2005). Work-related subjective experiences among community residents with schizophrenia or schizoaffective disorder. *Australian and New Zealand Journal of Psychiatry*, 39, 288-299.

Author's Profile

TZYH-CHYANG CHANG received his Ph.D. degrees in Electrical Engineering from Chang Gung University, Taiwan, in 2012. As well as, he received his M.A. degrees in Occupational Therapy in 1998 from New York University, New York, USA. In addition, he received his B.S. degrees in Occupational Therapy in 1993 from Kaohsiung Medical University, Taiwan. He is now a director of Department of Occupational Therapy, Bali Psychiatric Center, Taiwan. As well as, he is also the president of Taiwan Association for Psychosocial Rehabilitation, Taiwan. His research interests in Occupational Therapy, Vocational Rehabilitation, Psychiatric Medicine, Group Dynamics, Medical Image Processing, Telemedicine and Medical Informatics.