

EDITORIAL Psychosocial Rehabilitation for Severe Mental Disorders

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The topic of the 7th edition of this magazine is Psychosocial Rehabilitation for Severe Mental Disorders. For me, being asked to write the introduction for this edition by the publishing committee was truly a challenge because the topic has been such a critical part of the psychiatric-psychological, social and cultural controversies in the history of the evaluation, treatment and social reinsertion of those with severe mental illnesses. It could be argued that the scientific literature on the topic has always involved ideological biases, with articles championing either progressive or more conservative visions. However, after several decades of progress in the field of healthcare, we can now say that the time is right for considering the rehabilitation of mental health patients within the community. This edition starts with ten outstanding references in psychosocial rehabilitation presented by López Álvarez, a selection that reveals how relevant this topic has become over the past few decades. In the words of the author, "The controversies and debates all have practical implications. They aim to interpret the different views on the problems facing people with severe mental disorders, the different roles of the diverse interventions and the type and administrative location of teams and care facilities"... "With respect to the first aspect, we have consistently defended (López and Laviana, 2007) the use of a single term ("rehabilitation") to refer to five different things: a philosophy, a strategy, a level of care, a series of programs and a group of care facilities." We agree that the process of social rehabilitation for those with severe mental illness requires a philosophical and ideological stance as well as the construction of a network of socially multifaceted care facilities. For this reason, the biggest challenge of this volume has been to gather research data on this topic and combine them with practical experiences from our field that help us to continue making progress. In this regard, in spite of the great number of facets of this topic and the space constraints of this volume, the articles included here have unquestionably fulfilled this objective.

The history of the viewpoints and social constructions of mental illness and the developments in pharmacology and psychotherapies (Lieberman, 2008) have brought significant changes to the treatment and social rehabilitation of those with severe mental illness. From obscurantism and social exclusion to the integration of chronic mental patients, we have traveled a long way down a road that has been a difficult one for the professionals, the family members and most especially, for the patients themselves. As the articles in this edition reveal, we can now celebrate the fact that mental illness is viewed as a treatable illness whose patients merit respect. I say "treatable" because it is now considered an ill-

ness, one with its own aspects and needs, while its patients merit respect because the population at large has become sensitive to their needs. The social stigmas suffered by the mentally ill for centuries have been reduced as specific resources have been developed to help people with special mental difficulties. In the Autonomous Community of Andalusia and in other communities across Spain, as shown in the articles of this edition, mental healthcare services have undergone significant changes in the past three decades, and in spite of the persisting limitations and deficiencies of these services, the lives of patients have improved. The Local Rehabilitation Units (URA, their Spanish acronym) and the Therapeutic Communities have joined together resources that were poorly organized in the past.

In my opinion, the extensive network of Mental Healthcare Centers and hospital facilities has provided those with severe mental illness with a more organized network of services for the past four decades. So much progress has been made that, as we can see in the articles included in this edition, most of today's efforts are centered on two critical issues for patients: early detection and psychopharmacological treatment on the one hand, and rehabilitation and social integration on the other. Work is done to avoid the stigmatization and the deterioration of the state of people with severe mental illness. Governments have directed many efforts to creating a network of resources with the power to address social integration. In spite of the controversies and diverse opinions on the topic, we can say that there is a clear consensus that has been beneficial for patients, as shown in the studies described in this edition. Such consensus can help us avoid redundant controversies and minimize arguments that often overlook the actual needs of the people with the illness and their family members.

The study of the variables associated with the psychosocial needs of people with severe mental illness who use community resources and their family caregivers is presented by Guillen Andrés and Muñoz López, professors at the Universidad Complutense de Madrid. This study shows how important it is for patients with severe mental illnesses to have the support of family caregivers for social rehabilitation. In turn, the support for family members of people with special difficulties has been a growing topic across Spain in the past few decades. The recent Law of Dependence has been a turning point in the need for direct support among the family members of people with severe illnesses. As this study shows, the most frequent needs among people with mental illness are in the field of symptomology, needs for information, support for daily activities and company. All of

these needs were related to variables such as the age of the patients, their professional activity and educational level, whether or not they lived with family members, the availability of resources and the individual's global functioning. The most frequent needs among caregivers included individualized support, economic assistance, family associations and respite services; meanwhile, the number of needs was associated with the coping style and the level of use of support resources, as well as the individual needs and disability of the person with the mental illness.

The people with mental illness and their family caregivers present diverse needs in spite of the support provided by formal and informal networks. The straightforward conclusions of this first study are an important sign of the change in the areas emphasized within this field over the past few decades. Mental illness and the mental healthcare patient used to be the exclusive target of the vast majority of interventions. The family had to be advised and in many cases, the patients were isolated from their families and confined to macro-institutions that favored depersonalization and stigma. Today the main focus of the social rehabilitation of the chronic outpatient lies in services for families and social support, as well as the social reinsertion of the patient him/herself. Psychiatric and psychological theories have contributed to constructing or destroying resources to a great extent based on their points of view. Fortunately, we can now say that instead of identifying those "guilty or responsible for the illness," the search is more aimed at finding resources and support for the members of the systems who suffer from the illnesses. The biological, psychological and social theories of mental illness have been integrated and as a result, the General Systems Theory and the entire community vision of healthcare sciences now focus on resources and services for the patient, the family and the professionals who are entrusted with caring for this group instead of focusing on theories and/or institutional powers. This progress is also owed to the contributions of many therapeutic models—from the dynamic theories, especially with the development of group psychotherapies, to the cognitive-behavioral models, and the systemic models. Although it has taken several decades, it appears that the image of the professionals looking for causes of the illness and that of families defending themselves from these professionals has given way to the image of many professionals and social actors trying to help the families of sons and daughters with severe mental illness protect their children.

This 7th edition includes an important article on Psychosocial Interventions in Early Psychosis. The work by Miriam Fornells-Ambrojo and Tom Craig from the Research Dept of Clinical, Educational and Health Psychology, University College London clearly reveals the importance of early detection, evaluation and treatment of psychosis. As the authors themselves state, there are two main arguments that justify early intervention. The first is delays in treatment

and the second is insufficient attention to relapse prevention, which are associated with the worst clinical prognoses and poorer social functioning in the long term. At the same time, the authors point out the important repercussions for the education, development, employment and relationships of people who begin to have problems in this area of severe mental illness. The authors present the most effective interventions in this area (family intervention, cognitive-behavior therapy for the patients and supported employment for social integration), which are contributing to improve the quality of life of these patients and their family members. It is useful to note the optimism and hope of the care facilities that provide assistance for these people are a very critical factor for rehabilitation. Until recently, the work with families was left aside, at least in terms of direct work, and little attention was paid to the emotions of the therapists themselves or of the other people involved in psychosocial rehabilitation. All of the responsibility was placed with the person with the severe illness and on many occasions, family members were blamed for the "damage they had done to the patient." The tradition of working with emotions expressed by the patient (Vaughn, C. & Leff, J. 1976; Espina A. et al., 2003) has contributed to a solid assembly of resources from different systems with the aim of helping families to be capable of dealing with the anguish suffered by patients and to be available for them.

It is essential to combine the resources of family therapies with cognitive-behavior techniques, psychoeducation and employment support to increase the efficacy of treatments of these patients. This seems to be a focal point that is facilitating a new language, one more focused on doing and caring than on old stereotypes or struggles among the proponents of different theoretical models. Finally, another important step forward has been the recognition that pharmacological treatments are a key way to increase the adaptation of patients with severe mental illness.

In the third article of this edition, "The State of Knowledge about Internalized Stigma on the Basis of the Socio-Cognitive-Behavioral Model," authors Manuel Muñoz, María Sanz and Eloísa Pérez-Santos analyze the current use of the concept of "internalized stigma" for those with mental illness. A focus on the ideas and feelings that these people have about their situation has become highly relevant for psychological assistance. These studies are reviewed in order to increase the use of services among the patients. Internalized stigma differs from structural and social stigmas in that it touches on more subjective, personal aspects of the individual. In this regard, psychological intervention is more critical, since the other stigmas require interventions of a more political and psychosocial nature, though all three types of intervention must come into play in order to offer truly integral assistance to these people. It seems that internalized stigma is related to variables such as hope, self-esteem, empowerment, self-efficacy, quality of

life and social variables like social support and integration. In addition to other variables, the results of this study are highly relevant, since they show that internalized stigma is associated with the underuse of services, a greater number of unmet needs, greater emotional unease, a lower level of social adjustments, more severe depression symptoms and a lower level of adherence to medication. The review of the models on this concept and a proposal based on a previous study by the same authors make this article a critical reference on this topic in our country and in other Spanish-speaking countries. Finally, it is important to note that this article makes valuable practical recommendations based on the study results and proposes a model for studying this.

Finally, Sonia Panadero and Abelardo Rodríguez, professors at the Universidad Complutense de Madrid, present a study on the “Quality of Life and Psychosocial Functioning in People with Severe and Chronic Mental Diseases.” The term “quality of life” has been increasingly used in studies on most severe and chronic illnesses. In many cases, efforts are no longer wasted in seeking the causes and those responsible, and the focus has moved towards finding ways to improve the quality of life of the people who suffer from the illnesses as well as those who care for them. The authors present a study on a large population in the Autonomous Community of Madrid to find out more about the quality of life of outpatients at care facilities for those with severe mental illness. As the authors themselves note, the studies by Valiente, Vázquez and Simón (2010) show that one of the fundamental objectives of these resources—created within the context of psychosocial rehabilitation—is an improved quality of life among people with severe and chronic mental illness and that of their family members. This is achieved through changes in the living conditions of these people as well as improvements to internal aspects (affect, self-esteem, acceptance of their illness, etc.) (Tourinho, 2010). Based on this main idea, the authors of the article construct a course of action which is based on the value of existing community resources and the search for new ones that can improve the quality of life of patients and their families. The authors return to and expand on a line of inquiry developed a decade ago by Professor Giner Ubago (2001) at the Department of Psychiatry of the Universidad de Sevilla. The extensive sample and the instruments used make this study a valuable resource for analyzing programs for community intervention among severely ill patients. This work is commendable in that it focuses on how patients see and experience the use of services. On many occasions, this population is so marginalized and stigmatized that its opinions are not taken into account by either professionals or program administrators. I believe that it is essential to study the quality of life experienced by people with severe mental illness and to recover the dignity and the leading role of all those who suffer the consequences of the illness. Satisfaction with material aspects (such as one’s place of residence, neighborhood, services, local resources, clothing and food) is high,

and this was one of the focuses of the study. In all cases, the average satisfaction was above five points on a seven-point scale. This also occurred with other aspects related to the social relations of users—specifically, the average satisfaction scores in terms of the people with whom they live and their relationship to their family, in addition to their recreational activities.

On the other hand, the author found lower levels of satisfaction (under four) for aspects related to one’s sex life, lack of friends, not having a partner and not having any professional activity. Taking the desires and needs of this population into account when planning services could be a way to increase their integration. For this reason, it is necessary to adjust the expectations of patients, their families, professionals and the administrators of mental healthcare in order to increase the satisfaction with services.

A careful reading of the articles included in this edition reveals that the main goal in the field is to increase the resources of people with severe mental illness and to assist their families in the difficult day-to-day tasks in order to make their lives easier. At the same time, it is critical to “care for the caregiver,” that is, to protect and support the people who are responsible for caring for ill family members through programs, legislation and changes in attitudes. Finally, we must address the topic of caring for the professionals who work with the patients and their family members. As the studies have shown, it is highly important to address the emotions expressed by family members, but we could also say that it is important to work with the “emotions not expressed by the professionals.” Services for the teams that work with chronic mental illness must include increased educational resources, spaces for reviewing and improving the way cases are dealt with and activities aimed at recharging the “batteries” of team members while facilitating team work. Due to the stress experienced by the professionals who work with patients with severe mental illness, it is essential for administrators to dedicate resources to the ongoing training of professionals and mutual care through group techniques. In the end, the process of stigma and social exclusion of the mentally ill and their family members has been reversed through the closeness, empathy and compassion provided by professionals who have ennobled their work in spite of the personal risks it involves.

Finally, I would like to congratulate the editorial staff for this edition and express my sincere hope that these articles will allow us all to reflect on the countless professionals who spend their days working to improve the quality of life of these individuals. The commendable work of mental health professionals often goes unnoticed by society, and these studies clearly reveal that these professionals continue to be hopeful and seek new resources even in times of crisis.