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Research article

Severe mental illness: Rehabilitation need and role of mental health nurse

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ABSTRACT

Rehabilitation is key component in the management of people with severe mental illness (SMI). The aim of this article is to explore the need for rehabilitation services for people suffering with SMI and the role of mental health nurses in it. The review material was collected from online database i.e. Research gate, Pubmed, Scopus, CINHAL, and Google scholar. The study concludes that there is a need for user-friendly rehabilitation services across all over India. Mental health nurses play a vital role in assessment, symptom reduction, stigma clarification, physical as well as emotional care in delivering rehabilitation services to consumers, families, and society towards recovery of people with severe mental illness. This paper provides details on various themes of rehabilitation services for people with SMI, as well as the role of mental health nurses in delivering those services.

Keywords: Rehabilitation, Severe mental illness, SMI, Rehabilitation need, Mental health nurse

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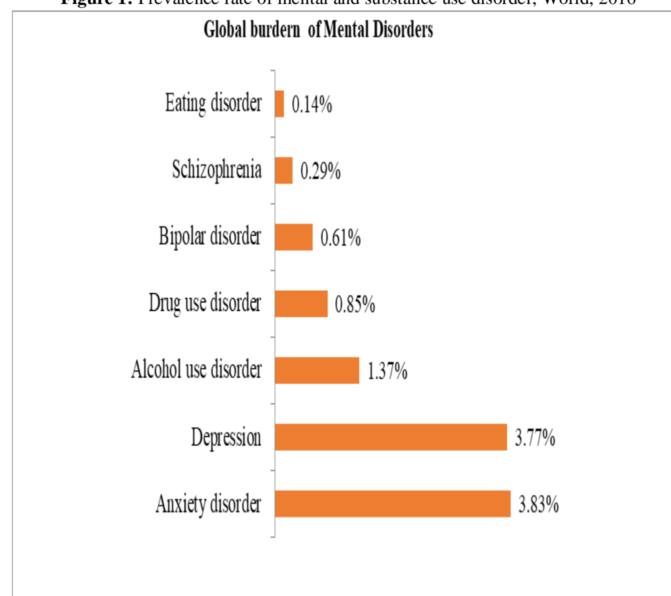
INTRODUCTION

More than one billion people worldwide suffer from a mental or substance use disorder. A recent paper reported the findings of WHO World Mental Health (WMH) surveys in 28 countries on the global burden of mental disorders and the prevalence of common and serious mental disorders. The lifetime prevalence of mental and behavioural disorders is estimated to be 18.1-36.1% (IQR: 25th–75th percentiles). The IQR of 12-month prevalence estimates is 9.8–19.1%. The proportions of 12-month mental disorders classified as serious (12.8–36.8%; IQR: 18.5–25.7%) or moderate (12.5–47.6%; IQR: 33.9–42.6%). Prevalence estimates of 12-month serious mental illness (SMI) are 4-6.8% in half the countries, 2.3-3.6% in one-fourth, and 0.8-1.9% in one-fourth [1].

The diagnosis of SMI depends on the intensity of sign & symptom, the degree of co-morbidity, and the severity of social disablement. SMI includes bipolar affective disorder, major depressive disorder, schizophrenia, chronic delusional disorder, and personality disorder [2].

A study identified prevalence rates varying from 9.5 to 370/1000 population for psychiatric disorders in India. Figure 1 shows that the highest number of people in India had anxiety disorder (3.83%), followed by depression (3.77%), whereas SMI i.e., schizophrenia and bipolar disorder accounted for 0.29 and 0.61 percentages simultaneously [3].

Figure 1: Prevalence rate of mental and substance use disorder, World, 2016



The National mental health survey, conducted by National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru in the year 2015-16, found that nearly 14% of India's population required vigorous mental health services. The overall current prevalence for severe mental illness was shown in table 1, and in table 2, it is represented that out of 10.56%, compared to SMI,

common mental disorders were nearly 12 times higher current prevalence. Within severe mental disorders, psychotic disorders contributed to a prevalence of 0.42% followed by bipolar affective disorders (0.3%), whereas in NIMHAMS, India 2016 data shows that the current prevalence of severe mental illness in India in females is 0.66% and 0.98% in males [4].

Table 1: Current prevalence of severe mental disorders among 18 yrs and above – National mental health survey, India

Characteristics	Mental morbidity (current %)
Total mental health problems	10.56
Common mental disorders	10.04
Any substance use disorder without tobacco	5
Neurotic & stress related disorders	3.53
Depressive disorders	2.68
Severe mental disorders	0.77
Bipolar affective disorder	0.3
Psychotic disorder	0.42
Severe depression with psychotic symptoms	0.1

Table 2: Prevalence rate of current mental illness in India

Characteristics	Female (in %)	Male (in %)
Substance use	10.05	35.67
Schizophrenia	0.39	0.46
Mood	3.09	2.57
Neurotic	4.29	2.72
Intellectual disability	0.58	0.69
Severe mental illness	0.66	0.98
Adolescents	7.1	7.5
Suicidal risk	1.14	0.66
Overall	7.5	13.9

Psychiatric rehabilitation and psychiatric treatment are different. Anyhow both are important, and balancing elements of mental healthcare. Psychiatric treatment aims at managing mental symptoms and disorders, whereas psychiatric rehabilitation focuses on maximising quality of life, restoration of symptoms and health, social inclusion, and promoting autonomy.

Early approaches and attempts at rehabilitation services towards SMI would have long-term benefits for the individuals and their families. Without proper rehabilitation services, no treatment can be considered complete treatment.

MATERIALS AND METHODS

The aim of the current study is to discover the needs of rehabilitation for people living with SMI and explore the role of mental health nurses in it. The study literature collected from books, journals, and online database. Online search engines were Research gate, Pubmed, Scopus, CINHAL, and Google scholar by searching for the key words: "rehabilitation services for SMI", "psychiatric rehabilitation", "need for rehabilitation AND severe mental illness"," mental health nurse role in severe mental illness", "mental health nurse AND rehabilitation services AND severe mental illness".

RESULTS AND DISCUSSION

Findings of the current review article based on the themes discussed following:

Goal of rehabilitation services

The goal of rehabilitation service for SMI is to regain physical, mental, social, spiritual, emotional, cognitive, and aesthetic health and to help disabled individuals to live and work in the society independently with minimum professional help [5]. According to the manual of mental health for social workers, goals of rehabilitation in severe mental illness are mentioned in table 3.

Table 3: Goals of rehabilitation services

Goals of Psychiatric	Rehabilitation strategies
Activities of daily living	Psycho education
Behaviour of daily living	Independent living skill training
Community advocacy	Art therapy
Diminishing the impact of psychiatric symptoms	Behavioural intervention
Empowerment of the client	Vocational training
Identification of community resources	Communication Skills Training
Independent	Social skills training
Increase Coping skills	Play therapy
Increase social support	Dance therapy
Improvement of his social network	Horticulture Therapy
Quality of life	Supportive counselling
Recovery	Activity scheduling
Opportunities	Basic living skills
Satisfaction of basic needs	Biblio Therapy
To increase Interpersonal skills	Drama Therapy

Need of rehabilitation services in SMI

Psychiatric rehabilitation services are aimed at assisting in the management of schizophrenia patients by developing the skills required to increase their capabilities with the goal of improving performance and quality of life [6-7]. Psychiatric rehabilitation also offers a key adjunct to pharmacotherapy [8]. Nearly 30% person show non adherence into the medication and leads to psychopathology and functional impairment [9].

A descriptive mixed method study conducted on assessment for understanding of rehabilitation needs in order to develop appropriate psychosocial rehabilitation services in Jharkhand, Ranchi found that in India, mental care services are shifting from inpatient to outpatient Psychosocial interventions suit the needs of people with severe mental illness in terms of recovery and socio-occupational functioning and integration into the community. The result also showed a huge gap between psychosocial rehabilitation need and services available [10].

An experimental study on rehabilitation needs assessment among 50 people with SMI (25 in both arms) and the effect of intervention was conducted in IBHAS, New Delhi and the result found that 8 weeks therapy package includes psycho-education, daily activity charter and social skill training found significantly effective in terms of symptoms decline, disability remediation, recovering subjective well-being, and socio-occupational functioning ability in personal, social, and family [11].

A multicentre RCT study was conducted in India between

January 2009 and December 2010 among patients with schizophrenia and found that rehabilitation services in combination with facility-based care intervention are more effective for declining disability and psychotic symptoms in SMI in community [12].

Existing Knowledge, attitude, mortality and morbidity factors associated with SMI

A study was conducted to analyse the knowledge and attitudes of the general South African public (n = 667) with SMI, and the main findings were that cases were most often referred as stress-related and psychotherapy was considered a pressured treatment option [13].

A survey was conducted among 1073 mental health professionals, and 1737 individuals in the public to assess their attitude towards SMI, and found that psychiatrists had more negative stereotypes than the general population. Mental health professional including nurses accept restrictive attitude toward people with mental illness more than the public [14]. Common reasons for escalating morbidity and mortality rates in people with SMI are their high use of smoking, unhealthy diet, lack of exercise, substance abuse and unsafe sexual practices [15]. People with SMI show twice or thrice increase in mortality than in the general population [16].

Combination of in-patient, out-patient and community psychiatric services i.e., collaborations such as the early assessment service for young people with early psychosis (EASY), Case Management Programme, psychopharmacological, and psychosocial interventions aid in providing integrated services for patients with SMI [17].

The impact of stigma in psychiatric rehabilitation

Negative attitudes and social stigma are major hindrances for people living with severe and persistence mental illness in both recovery and rehabilitation [18-20].

Findings of few studies reveal that rural Indian public felt ridicule, shame, and discrimination feeling, and had higher level of stigma score, towards severe mental illness whereas n Indians hid their history of illness towards mental illness [21-22].

A study conducted to measure the level of stigma among people living with SMI and establishes significantly superior level of stigma than people living with depression [23].

Existing inequalities and risk factors linked to SMI

According to WHO 2005 and The Lancet 2007, unavailability of minimum resources, inequities in distribution, and inefficiencies in their use, utilisation of mental health services, are the main hindrances in the way of better mental health, especially in low and middle-income countries. Poor political will and insufficient health budget will limit the mental health workforce and infrastructure, leading to poor treatment for people suffering from severe mental illness [24-25].

Multiple risk factors are associated with SMI i.e., Homelessness, substance abuse, unemployment, violence, and relapse are commonly associated with SMI.

Homelessness

People living with SMI are at risk of becoming homeless, and may be helped by caregivers, family, and friends [26]. In a prevalence study among 10340 patients with SMI, 15% of schizophrenia or bipolar disorder patients were found homeless at least once in a one-year period [27].

Substance abuse

A study was conducted by NIDA on SMI, found a higher risk for cigarette smoking and other substance use and lower protective factors for substance use are also associated with SMI. The prevalence rate of SMI amongst individuals with substance misuse problems was 5.7% to 38.8%, who are in contact with community drug or alcohol addiction services [28].

Unemployment

For people with severe mental illness, the employment rate is approximately 8%. People with serious mental issues are prone to being unemployed compared to those without mental illness [28].

Violence and injury

A meta-analysis of 20 studies on severe mental illness and the reduction of gun violence and suicide, reported a higher risk of violence in male than female, suicidal risk is 3 to 5 times greater among male and 4 to 13 times for female with schizophrenia [29-30].

A systemic review of 22 studies on major mental disorders and violence published between 1990 and 2004, and reported 5-15% increased risks for violence in community [31].

Relapse

SMI including chronic and residual schizophrenia, bipolar affective disorder, schizoaffective disorder and major depressive psychosis is associated with an high risk of hospitalisation and relapse. Associated risk factors include poor treatment adherence, residual psychopathology, and social in acceptance, poor communication, lack of insight, and substance use [32].

Strategies to improve the situation or minimize the issues related to SMI

Health care parity & equality

There is a need to provide equitable, unbiased mental health services to people with severe mental illness. A study conducted among people with SMI suggests that parity in healthcare, in terms of equality in access and utilisation of health services, should be regarded as a basic human right [33].

Community based rehabilitation (CBR) programme

CBR programme aims at empowering people with disabilities (PWDs) in their own communities for people with SMI so that their rights are respected and safeguarded. NGOs/ community-based organisations (CBOs) help to conduct existing CBR

programme [34].

Strategies used by National/ State level

It is therefore necessary to create a committee at the federal level to suggest changes in surveillance activities and assure financing methods for service improvements that will integrate information about health status of the population with SMI, and also make available the strategies to access the risk population and to share general awareness about risks in physical health among persons with SMI [28].

Strategies for Persons Served / Families / Communities

Encouragement of people, families, and communities is required to develop a vision of integrated care. Successful partnerships is also required from families and communities to achieve integrated physical and behavioural health care and recovery-oriented services and focused person-centered care to minimize the stress and to improve mental health of people with SMI, especially in pandemic situation like COVID-19[35-37].

Keys strategies of Relapse Prevention

Seven key strategies for relapse prevention were identified for the population with SMI include1)be available & having flexible approach, 2) monitor early warning symptoms, 3) early identification and prompt treatment, 4) working closely with families and peer group, 5) using assertive outreach, 6)dealing with medical non-adherence issues, 7) optimising pharmacotherapy with psychotherapy [38].

Strategies to change public stigma

Lot of strategies are required to reduce public stigma, mainly three approaches are used named as: protest, education, and contact. The strategy of protest is to diminish negative attitudes about mental illness. Strategy education helps in providing general awareness and providing factual information to reduce public myths and stigma of mental illness [39].

Care models related to SMI

For the adults with SMI, assertive community model (ACT), and the integrated recovery oriented model (IRM) are widely use all over the World.

ACT is a team-based model that provides comprehensive, community-based rehabilitation services as well as social support in activities of daily living, housing, family life, employment, finance, medications, co-morbid disorder treatment, and counselling services to people suffering from serious and persistent mental illness [40].

IRM is designed by Frost et al., aimed to maintain the recovery needs of people with severe mental illness by providing rehabilitation based care leads to trust building, improves competencies, and provides opportunities to reconnect. The three main elements of the IRM are remediation of functioning, restoration of health, and reconnection with society (figure 2).

For children and adolescents with SMI, a three-tier stepped care model is used for early detection and effective treatment of mental illness and prevent and promotion services for mental health. Tier 3 is responsible for the management of moderate to severe mental health case.

Figure 2: Integrated Recovery-oriented Model (IRM) for mental health services

The Role of Mental Health Nurses in Rehabilitation Services

Nurse especially psychiatric nurse need to be prepared, empathetically sensitized, and empowered to help turn this serious mental health issue. Mental health nurses should always give priority and emphasis of maintaining the dignity of individuals with SMI first. The dignity of person with mental illness is protected or promoted by person-centred care, maintaining good communication skills, protecting and safeguarding the patient's rights, practicing the services by adherence to revised mental health act, and for this nurses and other health care professionals should give proper training and sensitization.

Nurses' role in assessment of people living with SMI

The MSE, Mini MSE, and Mini Cog are used as assessment tools for patients with mental illness undergoing psychiatric rehabilitation services. And health professionals, including mental health nurses should have thorough knowledge and practise of assessing mental status, as it is a crucial and challenging part of their responsibilities before a patient is sent to rehabilitation services.

A mental health nurse should be trained in the assessment of characteristics and behaviour of individuals with SMI, their activities of daily living, interpersonal relationship abilities, and low self-esteem of patients, motivation, hope, and monitoring of compliance with medication.

Nurses' attitude towards stigma reduction

Nurses should always have a positive mind set and attitude towards people with SMI and their treatment services.

A few studies reveal that mental health nurses play a vital role in dropping the public stigma and inequity in mental health, if they have negative or restricted attitudes towards people with SMI. The stigma attached to mental illness de-motivates those in need for looking of help, and its undesirable implications for public health renders it a remarkable health care issue [20, 23].

Nurses' role in illness management, management and recovery

Mental health nurses working in GHPUs, and mental hospitals including psychiatrists, psychotherapists, social workers, counsellors and other health professionals should work in collaborative manner to provide effective clinical care for people with severe and complex mental illness.

Mental health nurses can be sensitized, prepared, and empowered to help turn this serious health issue around, and training of nurses will be helpful to understand about SMI and dealing with its issues. A mental health nurse should develop treatment plans and goals; practise with empathy while reminding patients of mental health principles; maintain coordination with health professionals and patients; reduce referral delays; participate in psychodynamic therapies; aid in patient recovery; and thus improve outcomes for people with SMI.

Mental health nurses should use non-therapeutic communication techniques while taking history and mental status examination of patients with SMI.

Nurses' responsibilities to SMI patients' families and the community

Nurses should motivate and educate the family members and community person for developing their strength and potentials, access the community-based rehabilitation services. Besides, she should provide psycho education, and social skills training to improve their awareness and general understanding of severe mental illness and to change their behaviour in a positive and accepting way.

Nurses' role in physical care

Mental health nurses also provide direct services for physical health care, but there is a high workload on mental health nurses due to their dual roles, so they become considerably stretched, and exhausted if there is expected to be further role expansion.

Advanced skills, knowledge, and training through in-service and continuing education and communication training should be available for nurses to work with psychiatrists, and other mental health care professionals, patients, their family members, and NGOs to provide physical health care. Nurses should be given adequate resources and facilities for this purpose, and then formally appointed with an additional designation so that clear lines of liability can be established.

Nurses' role in the implication of rehabilitation services

Mental health nurses must play a role in identifying the factors and burden of family, patient, culture, and community stressors. Mental health nurses who work with these individuals and families assist them to function more independently, to strengthen their coping abilities, identify social support systems, teach effective communication and interpersonal relationship skills, and ultimately more actively participate in decision-making skills. Mental health nurses should also be involved in social skills training of rehabilitative patients and their families.

CONCLUSION

Rehabilitation services for people with severe mental illness are still in a stagnant phase in India. Although there are sporadic humble and voluntary efforts in the field, the alarming demands outweigh the services offered and resources available. As behavioural health care switches from an inpatient setting to an outpatient setting, traditional inpatient nurses' roles will move to diverse outpatient, rehabilitation, and community services. So, there is a felt need to train nurses and other health personnel in psychiatric rehabilitation for people with severe mental ill. Future directions which need to be taken to travel from "where we are" to "where we ought to be?"

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