Editorial: Introduction to Special Issue
The emerging field of psychiatric rehabilitation

Over the last half century progress has been made in classifying and treating serious mental illness (SMI). However, despite many advances in the field current knowledge is not sufficient to either prevent or cure it (1). Therefore, SMI remains a source of serious personal and social difficulties. People with SMI are vulnerable to poverty, subject to stigma, discrimination and social exclusion, and left with few social or recreational outlets and opportunities for employment and housing. In addition, SMI imposes marked objective and subjective burden on family carers. Thus it is not surprising that the World Health Organization ranked SMI among the 10 top illnesses resulting in disability in the world, accounting for over 15% of the disease burden in established market economies (2).

Although SMI remains a major challenge to treat, the recent emphasis on psychiatric rehabilitation (3) and recovery (1) has engendered new hope. Helping people with SMI develop skills and access appropriate resources and supports can facilitate their ability to articulate and pursue their goals and to live personally meaningful lives in the community.

The adoption of such a perspective in Israel has inspired deinstitutionalization, legislation and an impressive growth in psychiatric rehabilitation services. Currently, it is estimated that over 1% of the population in Israel, approximately 85,000 persons, suffer from a SMI. Among them, over 60,000 receive disability pensions from the National Insurance Institute (4). For years now, the official mental health policy of the government has been to reduce the use of inpatient services in psychiatric hospitals. Over the last decade, the reduction in the rates of psychiatric hospitalization in Israel (per population) reached 70%, resulting in over 90% of persons with SMI living in the community (5). These profound changes were accompanied by a progressive legislation, which was approved by the Knesset (Parliament) during 2000, concerning the rehabilitation in the community of people with psychiatric disabilities (5). This legislation emphasized service users’ autonomy, rights, dignity, quality of life and community integration, while also specifying a “basket” of psychiatric rehabilitation services to be provided to persons with SMI, and identifying the mechanisms for overseeing the implementation of the legislation. This “basket” of services was designed to address the key challenges persons with SMI face by providing them with rehabilitation services in areas such as work, recreation, education, social life, and support for good quality and affordable housing. This legislation brought about a rapid and impressive development and implementation of cutting edge psychiatric rehabilitation services, tripling the number of persons with SMI using such services over a decade, currently estimated as 14,000 (4).

There is broad consensus that the development and implementation of these services has had major impact on improving the opportunities, quality of life, and hope of persons with SMI and their family carers, and has facilitated the continuing trend of deinstitutionalization. While the field of psychiatric rehabilitation is developing rapidly, the services in Israel may still benefit from recent conceptual developments, professional innovations and empirical findings. Some of the conceptual developments in psychiatric rehabilitation are related to the vision of recovery, which differs from “cure,” as it does not require remission of symptoms or other deficits, nor does it constitute a return to “normal” or “premorbid” functioning, but rather restoring a positive identity and meaningful life despite and beyond the limits of their psychiatric disorder (1).

Recovery-oriented services (1, 3) are aimed at helping people fulfill their interests, and pursue their desires and aspirations. Closely related to recovery is the value of “citizenship” which emphasizes human rights, self determination, and community integration enabled by access to resources and opportunity for valued roles within one’s community. Person-centered care is a professional innovation that stresses services that are focused on the individual and contextualized to the person’s
The implementation of these new values and attitudes into multi-cultural settings of practice presents a major challenge to everyone in the field as prior assumptions and beliefs about SMI have been transformed, and the role of rehabilitation and recovery are viewed from a fresh and more hopeful perspective. Finally, research has contributed importantly to the field of psychiatric rehabilitation by providing methods for identifying and disseminating evidence-based practices (i.e., interventions which have been shown to be effective at improving desirable outcomes in carefully conducted scientific studies).

Psychiatric rehabilitation services in Israel may benefit from emphasizing the provision of person-centered services, with feedback sought as to which services are helpful and the manner in which they can be best individually tailored and delivered. More information is required regarding how to deliver effective education, training and supervision to service providers. Better methods are also needed to integrate psychiatric services into a cohesive recovery plan that avoids the common problem of fragmented psychiatric rehabilitation, mental health care and overall health care services that have plagued the field for so long. Finally, we are still far from assuring the genuine involvement of service users and their family carers, who have invaluable first hand experience with SMI and are poised to make unique contributions in the development and planning of recovery-oriented services.

Needless to say, these processes do not occur in a vacuum. Rather, these changes must take place within the broader context of a society where human rights, inclusion, and tolerance do not always prevail. Thus, the challenge of change awaits not only the health care system but society at large.

While psychiatric rehabilitation has developed rapidly in practice it has lagged behind as an academic field in Israel. By trying to understand the barriers to social inclusion, and developing ways to overcome them, some insights into the nature of the phenomenon with which we are dealing may be obtained, deepening our understanding of these issues. In the US alone there are at least two peer reviewed journals which focus specifically on psychiatric rehabilitation (Psychiatric Rehabilitation Journal and American Journal of Psychiatric Rehabilitation), and first rate peer reviewed journals around the world publish papers in this area, reflecting the growing status of psychiatric rehabilitation.

The need to bridge the gulf between the current state of practice and the vision of recovery from SMI and to contribute to the advancement of psychiatric rehabilitation as an academic discipline motivated us to serve as guest editors of this special issue. We hope this special issue will help draw attention to the emerging field of psychiatric rehabilitation as one that offers values and effective services to help improve the lives of people with SMI. There are not many other fields of practice that adopt a holistic and multidimensional approach, combining efforts to understand the individual person, his or her internal subjective experience as well as external context and circumstances, with the goal of providing help and opportunity while also advancing advocacy, policy, legislation and social change to protect rights and assure true citizenship and social inclusion.

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Guest Editors

References