THE PRINCIPLES OF PSYCHOSOCIAL REHABILITATION - VICSERV

The Principles of Psychosocial Rehabilitation written by Cnaan, Blankertz, Messinger & Gardner (1988)"Psychosocial Rehabilitation: Toward a Definition" in *Psychosocial Rehabilitation Journal 11(4)* were collectively adopted in Victoria in 1992 by the community managed sector as the foundation of its work with clients with mental illness

The development of underlying principles

Underlying the definitions of psychosocial rehabilitation is a set of beliefs about how people with psychiatric disabilities should be viewed and related to. The theoretical underpinnings stem from research undertaken during the 1960s, 1970s and 1980s. At this time, the World Health Organisation collaborated with Boston University to set up a psychiatric rehabilitation research facility to draw together global knowledge and to develop a best practice approach for psychiatric rehabilitation. In 1988, Professor Ram Cnaan, a researcher in social work, published a seminal article attempting to more closely distinguish the boundaries of the psychosocial rehabilitation model (Cnaan et al, 1988). He wrote 'there is a clear need to define the principles of PSR and to set limits as to what *is* within this approach and what is not an acceptable component of the approach (Cnaan et. at 1988). After an extensive literature review, he identified 13 major principles of the psychosocial rehabilitation approach, which became the basis of much discussion and thought on the topic. Another two principles were later added.

The principles of psychosocial rehabilitation identified by Cnaan (1988, 1991)

1. Full human capacity is often underutilized

People are motivated by a need to develop and new behavior can be learned.

2. Equipping people with skills

It is the presence or absence of skills, not clinical symptoms, that determines success in rehabilitation.

3. Self-determination

People have the right to make decisions regarding their lives and to do so on a regular basis.

4. Services in a normal environment

Each person has the right to live and be treated in the least restrictive manner and in a way the closely approximates what occurs for other people in their community.

5. Differential care and needs

Growth is a highly individual process. Each person's physical, emotional, social, spiritual and intellectual needs, experiences and attitudes are unique and need to be taken into account.

6. Commitment of staff

Genuine concern with the well-being of clients and a belief and hope that growth is possible is of paramount importance.

7. No professional barriers or shields

The human element in staff interaction is a crucial part of the rehabilitation process. Staff are expected not to shield themselves behind or use professionalism as a barrier to the relationship.

8. Early intervention

It is essential for a quick response to a potential crisis, as this will reduce the risk of relapse, potential hospitalization, preserves connection with supports and most acquired skills.

9. Environmental approach
The immediate environment of each person needs to be taken into account when providing support. This includes involvement of families, carers and significant social support where appropriate.

10. Changing the environment
There is a need to restructure and reeducate the environment to better accept and care for people with mental illness. Rehabilitation can be blocked by public attitudes towards people with mental illness.

11. No limits to participation
The length of time that people require to grow and develop varies as does the negative impact of a mental illness on an individual. Support should be available for as long as a person needs it.

12. Work-centered process
Having access to a valued role in the community should be available to anyone even if they have a mental illness. Having meaningful work can do much to enhance the self-esteem, the independence and the resources available to the individual.

13. Social rather than medical model
The medical model stresses illness and pathology and the role of the expert determining diagnosis and treatment.
The social model takes builds on the person's social supports, personal qualities and resources to better manage their illness or disability themselves.

14. Emphasis is on the client's strengths rather than on patologies
Instead of interpreting everything in the person's life through the perspective of their illness and their deficits, the focus is shifted to the abilities, strengths and resources they are using to live with their illness.

15. Emphasis is on the here and now rather than on problems of the past
People with a mental illness very quickly develop a 'history' which can be used to colour the views of support people, so the person is judged from a narrow and negative perspective. People with a mental illness wish to be taken at face value as people first.