Guest Editorial

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The renaissance of mental health rehabilitation services

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Contemporary mental health rehabilitation has been described as '*A whole systems approach to recovery from mental illness that maximizes an individual's quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to give them hope for the future and which leads to successful community living through appropriate support*'.[1] The emphasis on the whole system is important; rehabilitation is a highly complex intervention delivered through collaboration between different components of the mental health system, working together to support an individual's recovery, often over many years. This includes inpatient and community-based rehabilitation services provided by statutory (health and social care), non-statutory (voluntary sector/NGO) and independent sector providers of health, housing, welfare benefits, education and employment services. The definition highlights how rehabilitation services focus on enabling function rather than clinical symptoms (though both are important) and describes the crucial ingredient of 'therapeutic optimism'. Holding hope for a person's recovery when others in the mental health system, the service user themselves and their family may have lost any belief that things can improve, is critically important.

Most people who require mental health rehabilitation services have a primary diagnosis of a psychotic disorder such as schizophrenia, schizoaffective disorder or bipolar affective disorder,[2,3] with symptoms that have not responded to usual treatments. Severe negative symptoms and cognitive impairments, affecting motivation and organisational skills, will often present greater problems than positive symptoms such as hallucinations and delusions. For some, recovery is further complicated by additional mental health problems that may pre-date the development of the primary mental health problem (such as personality or attachment difficulties, below average intellectual functioning, or developmental disorders such as those on the autism spectrum), or develop alongside it (such as depression, anxiety, obsessive compulsive symptoms). Some will also have co-existing substance misuse issues that exacerbate symptoms further. Physical health problems are also common (such as obesity, diabetes, cardiovascular problems and pulmonary disease), due to side-effects from medication, inactivity due to negative symptoms of psychosis and lifestyle 'choices' (such as smoking, taking an unhealthy diet and lack of exercise). In addition, up to three quarters are vulnerable to sexual and/or financial exploitation and/or significant self-neglect.[2,3] Due to the complexity of their problems, this group of people often require recurrent and/or lengthy hospital admissions and high levels of support in the community. Although only around 20% of people with psychosis develop these kinds of complex problems,[4,5] they absorb a relatively large proportion of mental health resources.[6]

There is a growing evidence base demonstrating the effectiveness of mental health rehabilitation services for people with complex psychosis. Large-scale research programmes in England have shown that around two-thirds of those who receive inpatient mental health rehabilitation achieve successful discharge from hospital within 12 months, without subsequent readmission or community placement breakdown.[7] Furthermore, over 40% continue to progress in the community, graduating from higher to lower supported accommodation successfully within 3 years.[8] A longitudinal study in London found that two-thirds of people accessing mental health rehabilitation services moved successfully to more independent settings over 5 years, although only 10% were able to live independently, suggesting most continue to have long term support needs.[9] A number of 'before and after' studies conducted in Europe have shown that acute inpatient service use is reduced when people have access to mental health rehabilitation services,[10–12] and this is associated with reduced costs of care.[13] These results provide consistent evidence that when people with complex mental health problems have access to mental health rehabilitation services, there is good reason for therapeutic optimism and investment in these services is worthwhile.

In August 2020, the first Clinical Guideline on mental health rehabilitation was published by the National Institute of Health and Care Excellence.[14] It provides evidence-based recommendations on the specific treatments and support that mental health rehabilitation services should provide, alongside recommendations on how to assess the demand for these services to inform local service planning, including the tailoring of inpatient

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rehabilitation units, supported accommodation services and community teams into a local rehabilitation care pathway. The Guideline[14] emphasises the provision of recovery-based practice (an approach that can be summarised as both individualised and collaborative, aiming to help the person achieve their chosen goals rather than those of the clinician), since it has been found that services that provide greater recovery orientation are more successful at supporting people to progress successfully.[7,8] The Guideline[14] also recommends interventions that help people to gain/regain skills for community living, such as providing a range of group and individual activities within the service and supporting people to engage with leisure, educational and work related activities in the local community. It also emphasises the importance of providing opportunities for reflective practice and supervision for staff to assist them in managing the challenges that working with people with complex mental health problems can present, and to ensure that any negative countertransference is addressed and therapeutic optimism is maintained.

The positive impact of the publication of the NICE Guideline[14] has been further reinforced by a renewed interest in mental health rehabilitation by policy makers. In recent decades, people with more severe and complex mental health problems have been missing from national and international mental health policy which has tended to focus on public health approaches to mental health promotion, as well as early intervention.[15,16] This has led to a lack of investment in rehabilitation services which, in turn, has exacerbated the problems of institutionalisation and poor quality care for those with more complex mental health needs in many countries, including those that were once at the forefront of the deinstitutionalisation programmes of the late 20th century such as Italy[17,18] and the United Kingdom.[19] In Australia, where non-statutory services play a major role in the provision of community mental health care, inadequacies in the treatments available to people with more severe psychosis, including under use of clozapine and psychosocial interventions such as supported employment, were also identified through the Survey of High Impact Psychosis.[20]

Happily, this situation is beginning to change. In the United Kingdom, recent mental health policy includes specific mention of specialist mental health rehabilitation services,[21] supported by investment in community rehabilitation teams as part of the 'Community Framework' programme.[22] In Australia, there is renewed momentum in a number of states to develop mental health rehabilitation services and champion the speciality. In New South Wales, the Pathways to Community Living Initiative is a major programme of investment to build specialist supported accommodation and community teams to support people's discharge from longer term inpatient settings.[23] Similar recommendations for investment in local rehabilitation care pathways were made in a recent Royal Commission Review of community mental health services in Victoria.[24] In Queensland, evaluation of innovative models of community rehabilitation involving peer support workers has shown encouraging results.[25] In addition, the Royal Australian and New Zealand College of Psychiatrists has recently approved inclusion of rehabilitation psychiatry in the section of Social and Cultural Psychiatry and the development of a specialist curriculum in rehabilitation psychiatry for trainees.

These developments are hugely welcome and represent a sea change by policy makers, governments and professional bodies in their recognition of the need for specialist mental health rehabilitation services. It remains essential from a political, clinical and economic perspective that people with complex mental health problems have access to the most effective approaches, models of care, treatments and interventions that can help them in their recovery and we need ongoing research to develop the speciality further. This special issue of the journal marks another important milestone in this story, through showcasing the growing interest and evidence in this field within Australasia.

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