

Psychiatric rehabilitation : an overview

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Abstract (600)

All patients suffering from severe and persistent mental illness require rehabilitation. The goal of psychiatric rehabilitation is to help disabled individuals to develop the emotional, social and intellectual skills needed to live, learn and work in the community with the least amount of professional support. The overall philosophy of psychiatric rehabilitation comprises two intervention strategies. The first strategy is individual-centered

and aims at developing the patient's skills in interacting with a stressful environment. The second strategy is ecological and directed towards developing environmental resources to reduce potential stressors. Most disabled persons need a combination of both approaches. The refinement of psychiatric rehabilitation has achieved a point where it should be made readily available.

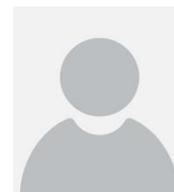
Importance of research (200)

The goal of psychiatric rehabilitation is to help individuals with persistent and serious mental illness to develop the emotional, social and intellectual skills needed to live, learn and work in the community with the least amount of professional support. Although psychiatric rehabilitation does not deny the existence or the impact of mental illness, rehabilitation practice has changed the perception of this illness. Enabling persons with

persistent and serious mental illness to live a normal life in the community causes a shift away from a focus on an illness model towards a model of functional disability. Therefore, other outcome measures apart from clinical conditions become relevant. Especially social role functioning - including social relationships, work and leisure as well as quality of life and family burden - is of major interest for the mentally disabled.

Biography (200)

Rebal Martin studied Medicine and Psychology at the University of Heidelberg and ended his studies with a medical degree (MD) and a psychological degree (MSc). He started his professional career in 1981 at the Central Institute of Mental Health in Mannheim (Germany), where he was appointed as Director of the State Model Program in Psychiatry (Baden-Württemberg/Germany). In the following years he became a Consultant in Psychiatry and successfully completed further specialisations in Social Medicine and Rehabilitation. He was the Deputy Medical Director of the Psychiatric Department at the Central Institute of Mental Health in Mannheim (Germany) and the head of the "Mental Health Services Research" Unit at the Institute. Rebal Martin was since 1996 until February 2013 a Full Professor of Clinical and Social Psychiatry at the University of Zurich and Head of the University Department of General and Social Psychiatry. He was the Chairman of the Medical Board of the Psychiatric University Hospital from and he is a Professor of Post-Graduation at the Medical Faculty of the University of Sao Paulo (Brazil) since 2013. He has about 750 publications and 430 entries in PubMed. He published numerous chapters in textbooks and also published as an editor several textbooks covering topics from Emergency Psychiatry, Psychiatric Rehabilitation to Art Therapy and Social Psychiatry.



About Institution(200)

The University of Zurich is a public research university located in the city of Zürich, Switzerland. It is the largest university in Switzerland, with its 28,000

enrolled students. It was founded in 1833 from the existing colleges of theology, law, medicine which go back to 1525, and a new faculty of philosophy.



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References (15-20)

1. Anthony W. Cohen M. Farkas M, et al. Psychiatric rehabilitation. 2nd ed. Boston: Center for Psychiatric Rehabilitation, Boston University; 2002.
2. Grove B. Reform of mental health care in Europe. Progress and change in the last decade. Br J Psychiatry. 1994;165:431-433.
3. World Health Organization. International Classification of Impairments, Disabilities and Handicaps. Geneva: World Health Organization; 1980.

4. [World Health Organization. International Classification of Functioning, Disability and Health \(ICF\) Geneva: World Health Organization; 2001.](#)
5. Royal College of Psychiatrists. Psychiatric rehabilitation. Revised. London: Gaskell; 1996.
6. [Goldman HH, Gattozzi AA, Taube CA. Defining and counting the chronically mentally ill. Hosp Commun Psychiatry. 1981;32:21–27.](#)
7. [Cuffel B. Comorbid substances use disorder: prevalence, patterns of use, and course. In: Drake R, editor; Mueser K, editor. Dual diagnosis of major mental illness and substance disorder: recent research and clinical implications. San Francisco: Jossey-Bass; 1996. pp. 93–105.](#)
8. Schwartz S, Goldfinger S, Ratener M, et al. The young adult patient and the care system: fragmentation prototypes. San Francisco: Jossey-Bass; 1983.
9. [Rogers ES, Martin R, Anthony W, et al. Assessing readiness for change among persons with severe mental illness. Commun Ment Health J. 2001;37:97–112.](#)