

Application Status of Community Rehabilitation for Mental Disorders

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Abstract: Mental disorders are common diseases mainly characterized by the inability to achieve balance and coordination between individual mental activities and their environment. It will not only have a great impact on the patient's own spirit, behavior, psychology and other aspects, but also aggravate the burden of the patient's family and society. In addition to the in-hospital acute treatment, patients still need to receive long-term continuous rehabilitation in the out-of-hospital community. Currently, the recovery process for people with mental disorders is slowed down by the increased prevalence of mental disorders, the low level of national investment in community mental health and the scarcity of community mental health workers. By organizing and analyzing the existing community rehabilitation system for patients with mental disorders at home and abroad, the author aims to provide basis and suggestions for the development of community rehabilitation for patients with mental disorders, call on the country to improve the security system for patients with mental disorders, train more excellent mental health practitioners, and call on everyone to contribute to the rehabilitation of patients with mental disorders. So that they can be fully integrated into society as soon as possible at their best.

1. Introduction

Mental disorders are a class of diagnostic mental problems characterized by changes in cognition, emotion, behavior, etc., which may be accompanied by painful experience and/or impairment of function^[1]. Generally, the onset is relatively hidden, the complete cure rate is low, and it is easy to relapse. It is a common disease mainly characterized by the inability to achieve balance and coordination between individual mental activities and their environment, and it has become one of the top ten causes of disability in the world^[2]. According to the survey data of the World Health Organization, the lifetime prevalence of mental disorders in China is as high as 16.6%^[3].

Due to the characteristics of mental diseases and the complexity of society, the number of patients suffering from mental disorders is increasing, and the serious ones even have suicidal tendencies, which brings a heavy burden to the family and society. It is difficult to guarantee the prognostic effect of patients only by relying on a single mode of treatment in the hospital, and patients are kept in the

monotonous and boring environment in the hospital for a long time, which restricts the interaction between patients and the external environment, is not conducive to the mental rehabilitation of patients such as thinking and emotion, and seriously hinders their reintegration into society^[4]. At the same time, there is a serious shortage of psychiatric therapists, and therapeutic medical institutions for patients with mental disorders are far from meeting the needs of patients with mental disorders. The number of hospital beds in most countries cannot be balanced with the number of hospitalized patients^[5], and patients cannot receive continuous out-of-hospital treatment, which causes them to suffer for a long time. Studies have shown that community-based management of mental disorders can enable patients to receive continuous treatment at a later stage, significantly reduce the recurrence rate, and improve patients' living index^[6-7]. However, due to less social research and application of patients with mental disorders, the community rehabilitation in most areas of our country makes patients with mental disorders unable to get professional rehabilitation, so the community rehabilitation needs for patients with mental disorders is extremely urgent.

The core of community rehabilitation is to provide basic rehabilitation services for disabled people in the community, so as to maximize the mobility of patients in daily life as much as possible, improve the quality of personal life and reduce the burden on family members^[8]. As the link between hospital rehabilitation and family rehabilitation, community rehabilitation needs to develop a new model of "hospital-community integration". By reviewing the existing domestic and foreign literature on the status quo and development of community rehabilitation for patients with mental disorders, the author aims to provide feasible ideas for the future community rehabilitation of patients with mental disorders and better serve patients with mental disorders.

2. Development status of community rehabilitation for patients with mental disorders

2.1 Community rehabilitation of patients with mental disorders abroad

The community rehabilitation of patients with mental disorders in foreign countries began as early as the Second World War, and was first seen in developed countries, such as the United States and the United Kingdom. In 1954, as the number of beds for mental disorders in the United States peaked, the United States became a leader in the "deinstitutionalization" movement, pioneering a new model that was different from the previous single closed model. As a result of the campaign, hospital admissions for mental disorders in the United States decreased by 96% compared to the previous period^[9]. At the same time, a community rehabilitation service concept for patients with mental disorders has gradually taken shape in the UK, which is highly respected in daily life because it advocates people-oriented and improves the functional status of patients with mental disorders through close attention and other characteristics^[10]. The "deinstitutionalization" movement directly initiated, guided and controlled by the British and American governments has contributed to the gradual transfer of mental health services to community conditions in Western developed countries. In 1986, the first Mental Health Act was introduced in Australia, which allocated medical resources to the community and implemented integrated services for mental patients^[9]. Subsequently, Japan, Sweden, Canada and other countries established a series of community medical institutions, creating a new era of community rehabilitation for mental disorders.

At present, the commonly used community rehabilitation treatment model for patients with mental disorders abroad can be divided into day care model and day hospital model according to the rehabilitation time stage. According to individual or group therapy, it can be divided into club mode, case management mode, halfway house mode and peer support mode^[11]. All of the above models are to provide more targeted, comprehensive and specific treatment for patients with mental disorders through the interactive penetration of multi-disciplinary content and multi-faceted cooperation. By giving full play to the advantages of various disciplines and integrating them into the treatment of

patients, we can further accelerate the recovery process of patients' individual and social functions.

2.2 Community rehabilitation of mental disorders in China

In our country, the definition of "community rehabilitation" was introduced by the World Health Organization in 1986. In the past 40 years, the development of community rehabilitation in China has experienced four stages of gradual development. The first stage mainly applied the medical model of CBR proposed by WHO to patients with physical disabilities, and it was tried for the first time in a few cities and counties. The second stage is the promotion stage, in cooperation with federations at all levels, vigorously promote the development of community rehabilitation. The third stage is the embryonic stage, comprehensively promoting the formation of a complete system of community rehabilitation, and a new "medical-social" model of CRB is gradually taking shape in China. The fourth stage is a maturing stage. Influenced by foreign advanced and excellent models, China's community rehabilitation system is gradually achieving full coverage of the whole society and gradually implementing the new model of community rehabilitation to the rural periphery, promoting the long-term sustainable development of social rehabilitation^[12].

Mental disorders have the characteristics of long course of disease, not easy to completely recover, easy to relapse. According to research, about 130 million people in China suffer from mental disorders every year^[13]. At present, most of the treatment places for patients with mental disorders in China are concentrated in specialized psychiatric hospitals or sanatoriums, and the limited resources of hospitals can not provide adequate treatment and medical support for each patient. In addition, due to various reasons, such as immature scientific and technological means, insufficient scientific therapy research, the environment of the patient's family and the personal situation of the patient's family, at the present stage, the single treatment means, the fixation of the treatment place, and the fatigue mentality of the family members who take care of the patient for a long time make the patient unable to receive the treatment completely^[14]. All in all, the single "bio-medical" treatment mode relying on hospitals can no longer meet the current demand for the rehabilitation quality of patients with mental disorders in China. Under the joint action of multiple factors, the community rehabilitation mode has become a necessary supplement for the rehabilitation of patients with mental disorders^[15], and the "hospital-community integration" rehabilitation treatment mode for patients with mental disorders has emerged. As a bridge, the "hospital-community integration" intervention system penetrates and integrates hospitals and communities, making the community a suitable choice for post-discharge treatment for patients with mental disorders^[16]. After the "bio-medical" professional technology is used in the hospital to evaluate the rehabilitation status of the patient, if the discharge conditions are met, the patient needs to be transferred from the hospital to the community for follow-up rehabilitation, so as to realize the ideal state of "hospital-community integration" rehabilitation resources recycling^[17].

Influenced by the development of community rehabilitation models abroad, the most frequently used and widely used model in China is the "686" model of rehabilitation treatment for patients with mental illness, which is based on the relevant national medical and health policies and the social public health system. It can also be called the "hospital-community integration" model, which is characterized by strong inclusiveness. The management structure is rigorous and complete, including personnel from all walks of life^[18]. It provides a variety of rehabilitation services for patients with mental disorders, thereby improving their life skills and helping them reintegrate into society^[19]. The "hospital-community integration" rehabilitation model enables patients to receive formal treatment in the hospital while improving their ability to integrate into society. The rational combination of hospital and community is conducive to speeding up the full recovery of patients' physical and mental functions, and is worthy of being vigorously promoted in real life.

3. Theoretical framework of MOHO community rehabilitation for patients with mental disorders

MOHO (Human Operational Model) is a patient-centered, evidence-based conceptual rehabilitation model focusing on operational activities^[20]. Occupational therapy under the guidance of MOHO is a training method to provide comprehensive rehabilitation training in the "bio-psycho-social" category for patients with mental illness^[21]. Studies have shown that MOHO-led mental rehabilitation training can significantly improve patients' interest in rehabilitation and execution of treatment plans, improve patients' cognitive and social functions to the greatest extent, and slow down the rate of mental decline^[22].

The theoretical framework of MOHO was first proposed in the 1980s by Gary Kielhofner, an American professor, after obtaining credible evidence from clinical practice in OT. Three sub-systems have been proposed that affect the performance of human work. In these three sub-systems, human beings interact dynamically with the external environment. Individuals can experience different feelings from their own roles through participating in various roles in social life, such as students and teachers, and thus feel a unique sense of experience. By taking on different roles, you can increase your self-confidence, affirm your abilities, and enhance your sense of social value. The difference between MOHO and other intervention modes lies in the design of rehabilitation treatment mode and content based on each patient's own situation by using three sub-systems, with simple steps and strong operability, which is more suitable for post-discharge patients to carry out post-interventional rehabilitation treatment in community and other places^[20]. In the community rehabilitation treatment of patients with mental disorders, the MOHO theoretical framework can be used to collect and classify information according to the needs of patients, including the problems and advantages of patients, and analyze the causes of problems according to the characteristics of will, habit, expression and environment. The patients can improve their sense of self-worth, cultivate their work habits, adapt to their life roles, and improve their physical and mental ability to reintegrate into society.

Fu^[23] et al. randomly divided 46 patients with mental disorders who received MOHO mode intervention in the hospital into two groups. The MOHO mode intervention team specially established by the hospital conducted intervention treatment, and carried out individualized intervention treatment for 6 weeks mainly in terms of patients' personal life ability, volitional ability and social life ability. The experimental results showed that the patient's mental state, performance ability, social life function and other aspects have been significantly recovered. The main focus of rehabilitation therapy guided by human operation mode is to stimulate the interest and initiative of patients to actively participate in rehabilitation training^[24-25]. In summary, rehabilitation treatment based on MOHO model has a significant effect on the willpower and habit of patients with mental disorders, which helps to improve their sense of identity of their own value and accelerate their smooth integration into society.

4. Intervention methods for community rehabilitation of patients with mental disorders

Studies have shown that, in addition to Morita therapy^[26], music therapy^[27] and other treatment methods have significant effects on the rehabilitation of patients with mental disorders and play an important role in the community rehabilitation of patients with mental disorders, some special rehabilitation intervention methods are being applied in the process of community rehabilitation of patients with mental disorders to show positive benefits.

4.1 Behavioral learning therapy

4.1.1 Token therapy

Token therapy is a positive reinforcement intervention therapy that uses tokens as rewards when positive behaviors such as completing tasks are detected^[28]. Through token reward mechanism, patients' interest in activities and enthusiasm to participate in activities can be improved to achieve the purpose of encouraging patients' positive behaviors, which is applied to the rehabilitation process of patients with mental disorders^[28-29]. It can effectively train patients to develop good adaptive behaviors^[30]. By setting "targets" and reward strategies, patients can be promoted to participate in positive reinforcement activities, so that patients can have a clear cognition of their unhealthy behaviors, and finally improve their self-care ability and social activity ability^[31].

Yang^[32] et al applied token-enhanced behavioral therapy to the rehabilitation process of patients with chronic mental disorders, and found that this therapy could alleviate negative symptoms that could not be eliminated by drugs, such as loneliness and withdrawal, and enable patients to spontaneously and actively express their needs and ideas. In the process of community rehabilitation treatment for patients with mental disorders, through the application of token reward mechanism, rehabilitation therapists should pay attention to training patients' speech speed, facial expression and gesture expression. So that patients in the process of interpersonal communication do not retreat, take the initiative to communicate with others. At the same time, attention should be paid to training in such an environment as the community, and in the process of group therapy, so that patients can achieve mutual tolerance and respect during training.

4.1.2 Dialectical behavior therapy

Dialectical behavior therapy is a kind of behavioral therapy that aims to help patients stabilize their negative emotions, improve their ability to deal with interpersonal problems, and restore their normal function of social communication. It is trained by regulating emotions and establishing pain tolerance. It has been widely used in individuals with suicidal intentions and is currently considered an effective evidence-based treatment for borderline personality disorder^[33].

Zhang^[34] et al found through their research that dialectical behavior therapy can cultivate patients' ability to communicate with others, describe needs clearly and specifically, and actively express their feelings and accept suggestions. In the community rehabilitation of patients with mental disorders, this therapy can be used to promote the re-socialization of patients, and gradually restore their social functions through the interaction and communication between therapists and patients and patients.

4.2 Positive psychological intervention therapy

4.2.1 Time view therapy

Time view therapy is a positive psychotherapy based on time sequence, which refers to the psychological rehabilitation treatment of patients with mental disorders by using the time perspective and professional knowledge of positive psychology^[35]. Originally used for the rehabilitation of PTSD patients, it has been extended to multiple types of mental disorders^[36]. Time view therapy includes past positive, negative time view, present pleasure view, fatalistic time view, future time view, and beyond future time view^[37].

Li^[38] et al randomly selected 98 patients admitted to hospital and divided them into NL and ML groups. The NL group received routine care and no special treatment. The ML group was treated with TPT. The results showed that TPT time view intervention therapy reduced the generation of negative thoughts and significantly reduced the degree of mental disorders in patients. Therefore, in the daily

community rehabilitation treatment process of patients with mental disorders, therapists can use this therapy, combined with the actual situation of patients, guide patients to actively try the initial unbalanced view of time, so that they can rebuild a positive and expectant concept of time.

4.2.2 Reading therapy

Reading therapy is a self-help intervention that uses the literature to improve mental health^[39]. From the perspective of psychology, reading therapy is a psychological medical method based on “identification-purification-comprehension”^[40].

He^[41] selected 112 male patients with mental disorders hospitalized for treatment, the control group was given routine nursing, and the observation group was given reading therapy intervention. The reading content included books on mental health knowledge, promoting mental health development and cultivating complete personality. The results showed that after intervention, the negative score of PANAS was lower than that of control group, and the positive score of observation group was higher than that of control group. The results show that reading intervention therapy can make patients break through psychological barriers, enhance confidence, and achieve self-management, so as to achieve the goal of improving bad mood and symptoms.

Therefore, in the process of daily community rehabilitation treatment for patients with mental disorders, therapists can apply this therapy, combined with their own interests and hobbies, to provide them with books related to improving negative emotions, such as “I and the Temple of Earth”, “How to train Steel” and other inspirational books, and at the same time, a variety of methods such as silent reading, reading aloud, dialogue reading, etc. To promote the emotional resonance between the patient and the text, in order to achieve the purpose of relieving the anxiety and depression of the patient.

5. Summary and prospect

Compared with other diseases, mental disorders have no fatal symptoms and signs, mainly manifested as mental and other aspects of dysfunction, affecting the quality of life of patients, but also on the patient's family and society has brought a not to be underestimated. Due to the shortage of medical resources, the lack of targeted professional equipment, the lack of hospital beds and professional medical personnel and other factors, more and more patients only receive intervention treatment to alleviate symptoms in the hospital, and the continued rehabilitation after discharge is still in an important position in the whole treatment process of patients. The establishment of a sound community rehabilitation system is still a major challenge for human beings. In recent years, the community rehabilitation system is rising year by year, from a single rehabilitation model to the transition model of “hospital-community integration”. At the same time, the role of the patient's family in the treatment process is also being clearly defined, and the “hospital-community integration” rehabilitation system is being continuously popularized. However, the WHO report shows that services for mental disorders remain woefully inadequate, with countries around the world spending less than 2% of their total health budgets on mental health and investing even less in community mental health services. At the same time, the total number of psychiatrists in China is only 40,000, and many countries in the world are still seriously short of mental health resources. In addition, discrimination and prejudice against people with mental disorders are widespread all over the world, and the rights and interests of people with mental disorders may be further violated in various aspects such as education, work and life^[3].

This requires everyone in society to adhere to the people-oriented concept and belief, do not discriminate, do not prejudice, care about others, careful guidance and support. At the same time, the state should combine China's fine traditional culture and characteristic socialism with the basic national conditions, increase financial investment, improve the social security system for patients

with mental disorders, introduce more policies to protect the basic legitimate rights and interests of patients with mental disorders, and do as much as possible to sympathize with patients in a real sense. The author hopes that in the future intervention treatment for patients with mental disorders, we can give full play to the advantages of China's characteristic systems and policies, combine the “human-family-society” rational combination, train more excellent mental health practitioners, advocate the whole people to become a part of helping patients with mental disorders recover, so that they can fully integrate into society in the best state as soon as possible.

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