

Rehabilitation For Hospitalized Patients With Schizophrenia

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The World Health Organization (WHO), in 1969, defines rehabilitation as part of the medical assistance in charge of developing the functional and psychological capacities of the individual and activating their compensation mechanisms, in order to allow them to lead an autonomous and dynamic existence. The objective is measured in functional parameters, in the restoration of their mobility, personal care, manual dexterity and communication [1].

Rehabilitation as a specialty has been evolving and becoming more comprehensive. It treats the individual in need of rehabilitation as a bio-psycho-social being with spiritual needs. One of its objectives is to achieve the well-being and happiness of the disabled and their families. The complexity of achieving it is due to the psychic experiences in relation to disability.

Rehabilitation is born with the appearance of disabling sequelae, where the etiology and primary treatment have been instituted and the man finds himself socially and economically unprotected be-

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fore his family and society due to his deficiencies. Deaver, established the bases of rehabilitation in the following way: basic use of the hands, ambulation, independence in personal care, communication and normal appearance [2, 3].

There are several authors who agree when referring to rehabilitation as a long process, where medical and social actions related to education, housing, work, among others, intervene. With the aim of achieving maximum recovery, reducing the functional deficit, favoring self-validity, acceptance of disability and social reintegration [4, 5].

To achieve optimal rehabilitation, the work team must work in an inter and multidisciplinary manner, both in the evaluation and in the treatment. Rehabilitation does not cure, it helps the subject's independence by enhancing the remaining function [6].

Rehabilitation is applied in all acute and chronic processes. It is also applied to all conditions of the different organ systems of the

human being and requires not only initial treatment, but also long-term control. Mental illnesses are also eligible for rehabilitation.

Serious mental disorder is an emotional, cognitive and behavioral alteration that affects a person's basic psychological processes, hindering their sociocultural adaptation and generating subjective discomfort in them. Serious mental disorders are of the psychotic type, showing positive and negative symptomatology, a severely altered interrelation factor, inappropriate behavior in the environment and/or an inappropriate affective state, implying a distorted perception of reality [7, 8].

In Psychiatry, the conceptualization of rehabilitation has been used in the specialty and has had different points of view. There is talk of psychosocial rehabilitation, with this term it seems that the biological and the spiritual are excluded. All rehabilitation has biological, psychological, social and spiritual components, regardless of the spatiality where it is implemented [9].

By using the terminology psychiatric rehabilitation, it gives the idea that other specialists who are related to Mental Health, not psychiatrists, are excluded from the process. In the opinion of the authors, it would be more complete to use the term Rehabilitation in Psychiatry: a process that consists of the restoration and/or development of knowledge and/or skills through learning and training in people who present some form of disability as a consequence of a mental disorder with the aim of raising levels of functional capacity and improving quality of life [10]. In this way, the biological, psychological, social and spiritual aspects are included, in addition to all the specialists who are part of a Mental Health team and not only the psychiatrists (psychologist, nurse, occupational therapist and social worker) who carry out joint and coordinated rehabilitation interventions. Every psychiatrist should focus on rehabilitative and social aspects as well as medical aspects [11].

Rehabilitative treatment in psychiatric patients is aimed at improving their quality of life. Improve the person's perception of their situation in life by emphasizing their mental disorder, the consequences of treatment and disabilities, within the cultural context in which they live and in relation to their goals, expectations, values and interests [12].

Schizophrenia is a serious mental illness that has a prevalence of 1% of the world population.

It constitutes one of the diseases that can lead the individual to a state of significant disability. For its treatment, a set of psychological and social intervention strategies are implemented that complement pharmacological management, aimed at improving individual and social functioning, quality of life and community integration of people. The main objective is to achieve the functioning of the person in their environment, promoting their active participation in society, as well as developing their intellectual and emotional abilities [13, 14].

The authors of this article have conducted research where it has been shown that the rehabilitation of patients diagnosed with schizophrenia reduces relapses and hospital admissions, promotes adherence to treatment, psychosocial development, improving individual functioning and social reintegration [15, 16]. It can be achieved by managing their emotions, better interpersonal relationships, autonomy in their activities of daily living and self-care, improvement of the cognitive level, promoting awareness of illness, among others, which leads to integration into the field labor, educational, being more optimal in the different community environments, handling different roles and overcoming the demands that living in their community represents [17]. The objective of this rehabilitation is for patients to reach the highest level of normal independent functioning, always bearing in mind that mental illness impacts not only cognitive, affective and personality factors, but also the performance of numerous and important roles [18].

A part of the patients diagnosed with schizophrenia, not insignificant, are found in hospitals or health institutions with this type of disease, often with years of hospital stay. The long hospitalization dates bring with it the manifestations of institutionalization in these patients with loss of skills in activities of daily living (ADL) and instrumented activities of daily living (IADL).

In the literature consulted, it was not possible to demonstrate the existence of a necessary conceptualization, in the opinion of the authors, of comprehensive rehabilitation for hospitalized adults with schizophrenia. This need focuses on the attentional, perceptive and cognitive processes: concentration, concept formation, abstraction capacity and memory, for the achievement of physical independence with behavioral and affective improvement of hospitalized adults with schizophrenia, synchronizing for this purpose the affective, cognitive and conative psychological areas. In this way, it approximates the reduction of information processing alterations and cognitive deficits, the improvement of the ability to perceive reality, especially in interpersonal situations with high emotional charge, the advancement of coping strategies in important life issues for the patient, the progress of problem-solving ability, the expansion of the patient's living space, and the progress of integration in important life areas.

Taking this into account, it is considered pertinent to conceptualize Comprehensive Rehabilitation for hospitalized adults with schizophrenia as: a process within the component of medical assistance in charge of developing, from the biopsychosocial and spiritual perspective, functional and psychological capacities in their cognitive, behavioral and affective, as well as the positive and negative symptoms of the individual with schizophrenia to allow him to lead an autonomous existence within his limitations and dynamics, restoring his mobility, personal care, manual ability and communication. Independence is sought within the framework of team work in an inter and multidisciplinary manner, both in the evaluation and in the treatment, where several members of the mental health team

intervene, for which rehabilitation actions and activities must be used to achieve the maximum recovery, the reduction of the functional deficit, the self-validity, the acceptance of the disability in the family environment and the social and occupational insertion.

Comprehensive rehabilitation for hospitalized adults with schizophrenia achieves long-term management of the symptoms of the disease and all of its sequelae, in an effort to reduce or eliminate disabilities and disadvantages or impediments, maximizing the functioning of the sick person. which will also mitigate the impact of the stigma that it usually suffers. The patient is not a passive consumer of services but an active participant in the healing and rehabilitation process.

It is a complex multidisciplinary process that includes the extensive and intensive collaboration of numerous areas, including biological (appropriate psychopharmacological therapy), psychosocial, vocational (psychotherapy for the training of psychosocial and vocational skills), educational (cognitive therapies, groups of mutual support and self-help, psychoeducation of the patient, the family and the community) and the legislative (advocacy of the rights of patients), which requires a wide range of knowledge and clinical skills. Achieving the greatest inter-relationship between the patient and the mental health team in rehabilitation is essential.

The trend in psychiatric care is often focused on the short term, symptomatic treatment. For many psychiatrists, the field of rehabilitation seems like a foreign land, populated by professionals who are in charge of entertaining patients in places where they practice crafts. Patients are not patients because they need employment or accommodation, but rather they are patients because they are ill, and as ill they require complex treatments, which require the best professionals and the best assistive technology [19].

It is necessary to implement preventive and therapeutic strategies in the form of programs as a therapeutic, educational, training and social process, which seeks to improve the physical independence of the patient with affective behavioral and symptom improvement and the full integration of the person with disability to the family, social and occupational environment. It is articulated in the development of functional, occupational and social skills, and several specialties participate in it as an interdisciplinary relationship, integrating the available means and known effective techniques, pharmacological, psychiatric, psychological and psychosocial. This rehabilitation would encourage patients to remain for longer in their environment and socio-family environment with the best possible functioning. Rehabilitation is about people's lives, and as such, it is an issue for everyone and everything.

The concept of comprehensive rehabilitation for hospitalized adults with schizophrenia incorporates a more complete and complex view of the individual, which includes family, school, community, social and/or work dimensions.

Conflict of Interests

The authors declare that there are conflicts of interest.

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