

Cultura de Recovery: Empoderamiento del usuario en los servicios de salud mental a través de la rehabilitación siquiátrica.

María E. Restrepo-Toro, MS, CPRP.

Center for Psychiatric Rehabilitation

Marzo 28, 2015

Santiago, Chile



Center for Psychiatric Rehabilitation at **Boston University**



- Founded by Dr. William Anthony in 1979 as a national research and training center in Psychiatric Rehabilitation.
- Dr. Farkas is the Director of the training Division and provides international and technical assistance center.
- Part of Sargent College of Health & Rehabilitation Sciences.
- Latino Initiatives



1er Seminario Internacional sobre Discapacidad, Salud Mental y Cuidado

1. En qué consiste una cultura de Recovery?
2. Características de un sistema de salud orientado a la recuperación.
3. Rehabilitación siquiátrica
4. Papel del usuario y sus familiares en una cultura de recovery. La importancia de capacitación de los profesionales de SM en este enfoque.
5. Sería factible de implementar en Chile y en otros países de las Américas?



WHO
resolved to
draw up a
plan to
promote
mental

WHO Action Plans for
Mental Health Disorders
By Katie Nguyen,
“Mental Health Moves Up
Global Agenda”
Alert Net 4/19/13

- 85 % of those with severe mental disorders in developing countries can not get treatment.
- 50% of those in richer nations do not get treatment.
- Greater awareness of the extent of burden of mental health disorders and the inadequate response.

Que se necesita cambiar



- Emphasis on protecting and promoting rights of individuals.
- Need to build services that people want to access.
- Base services on notion of **recovery**, meaningful lives, income generation, education, housing and social services.

Recovery from Mental illness: The Guiding Vision of the Mental Health Systems (Anthony, 1990).

(Anthony, 1990)

Es el proceso por el cual la persona que sufre de una enfermedad mental desarrolla un nuevo sentido y propósito en la vida, logrando trascender el trauma y los efectos catastróficos de una enfermedad mental.

(Anthony, Cohen, Farkas, & Gagne, 2001)





Contexto histórico.....

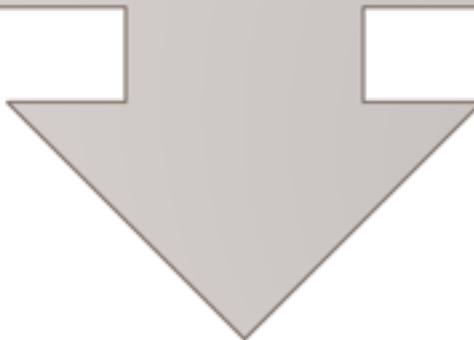
Contexto histórico

- Diagnosis implied life long deterioration
- Diagnosis implied only role available was that of service recipient/ client/ patient
- Categories of service limited (i.e. hospital vs. supervised housing; day programs vs. sheltered work)
- El diagnostico de una enfermedad mental severa significa un deterioro para el resto de la vida.
- El diagnostico implica tener el rol de “paciente/ cliente”.
- Categorías de servicios limitadas al tratamiento.

ETIQUETA

Culture of “Doing **TO** a label”

- Role of “patient” was to be sick forever
- Diagnostic labels tend to promote helplessness/hopelessness
- Shame-based existence



Que cambio?

First person accounts (eg. Deegan 1990; 1993; Ridgway, 2001; Spaniol et al, 1999)

Known in the literature for more than 40 years (eg. Bleuler, 1972, Ciompi et al., 1976; Harding et al., 1987)

Research examining concepts of recovery, its process and its outcomes (eg. Davidson, Harding et al, 2005; Farkas 2007; Harding & Zhaniser, 1994; Liberman et al., 2002; Ridgway 2001; Silverstein & Bellack 2008)

Governments began to develop national policies/ reports (eg. New Freedom Commission, US; Kirby Report Canada; Mental Health reform in NZ ; England/Scotland..)

Is recovery only for the very few?

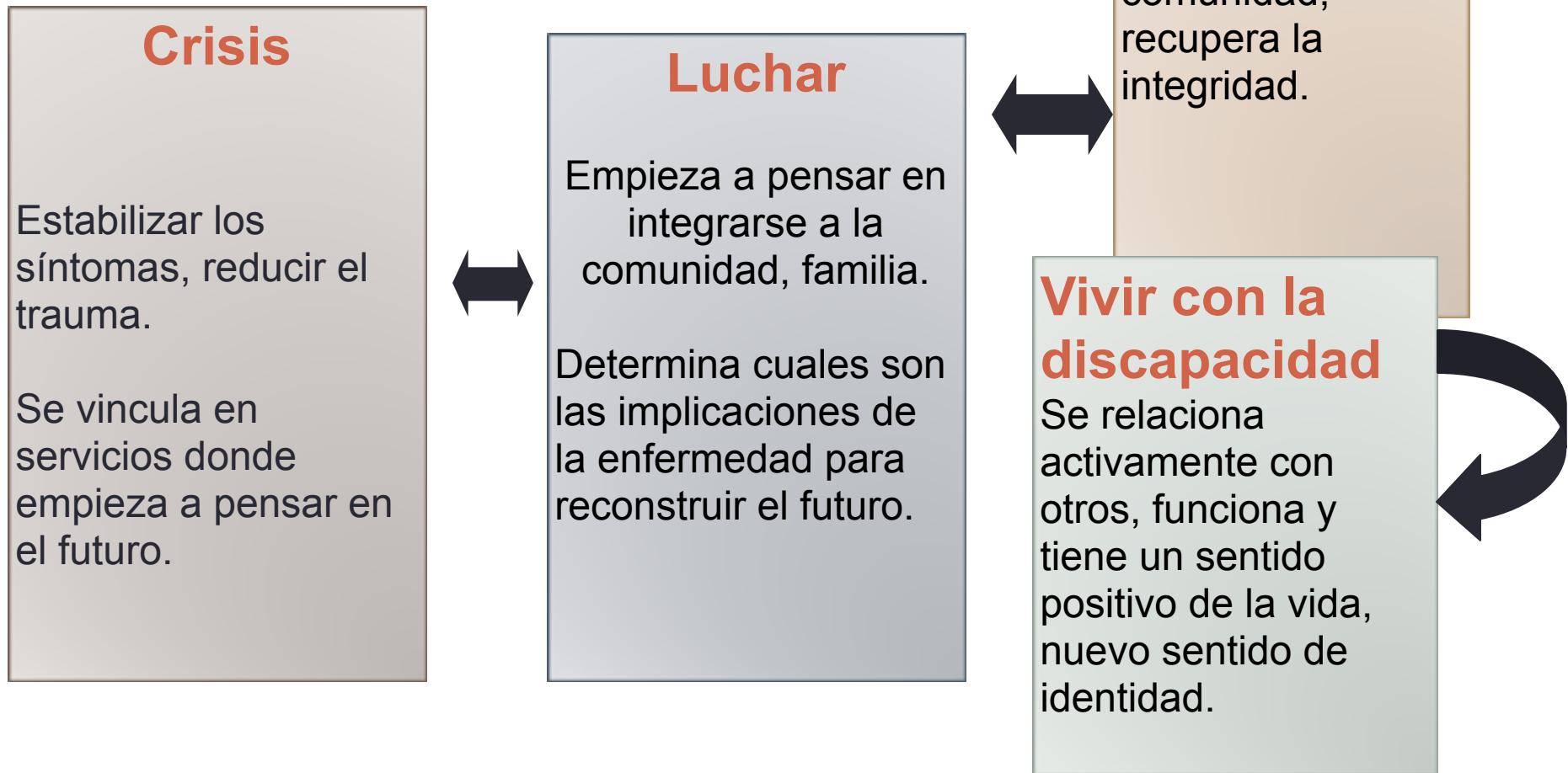
Study	Sample Size	Length	Outcomes
Bleuler, 1972	206	23	53-68%
Huber et al., 1972	502	22	57%
Ciompi & Muller, 1976	289	37	53%
Tusuang et al., 1979	186	35	46%
Harding et al, 1987	269	32	62- 68%
Ogawa et al, 1987	140	22.5	57%
DeSisto et al, 1995	269	35	49%
Harrison et al. 2001	200-500	22-37	58%

Evidencia en la literatura

- Recovery is possible
- Recovery occurs without professional intervention
- Recovery requires more than symptom reduction
- Recovery involves outcome variables such as the resumption of valued roles, well being, self esteem, empowerment.
- Recovery is a complex, non-linear and multi-dimensional process that can be described.
- Recovery is a highly individualized process.
- Recovery is a personal process with multiple explanatory models possible.
- Recovery occurs in the presence of someone who believes in and stands by the person.

Anthony, W.A., Cohen, M., Farkas, M., & Gagne, C. (2002). *Psychiatric Rehabilitation, 2nd Edition*. Boston, MA: Center for Psychiatric Rehabilitation.

Proceso de recuperación



Reporte del Presidente, 2003

<http://govinfo.library.unt.edu/mentalhealthcommission/mission/mission.html>

The President's New Freedom Commission on Mental Health (2003) begins its report with a vision statement: "We envision a future when everyone with a mental illness will recover. . .a future when everyone with a mental illness at any stage of life has access to effective treatment and supports – essentials for living, working, learning and participating fully in the community" (p. 1). This paper is an initial effort in bridging the gap between evidence-based practice and the vision of recovery.

10 Guiding Principles of Recovery

(SAMHSA'S Recovery Definition)

- Person-Driven
- Hope
- Respect
- Strengths/
Responsibilities
- Addresses Trauma
- Culture
- Relational
- Peer Support
- Holistic
- Many Pathways

Componentes esenciales del Recovery

- Personas **NO** son el diagnóstico.
- Deja elegir al usuario
- Reconoce que los usuarios tienen aspiraciones y atributos positivos
- Provee servicios individualizados
- Incluye a la familia
- Emplea usuarios
- Reconoce que las actitudes y destrezas de los profesionales del salud mental son mas importantes que los mismos diplomas académicos.

MUTUALIDAD

Culture of “Doing **WITH**” the person and the family

- integration of users/people with a lived experience
- Diagnoses does not predict success.
- Reclaiming goals, dreams.
- The family, friends, community must believe in possibilities

Value characteristics of recovery oriented services

Adapted from Farkas, Gagne, Anthony, Chamberlin 2005; Farkas 2007

ORIENTADO A LA PERSONA/PERSOHOOD

not diagnosis- individual strengths

PODER DE ELECCION /CHOICE

not coercion- to make decisions

MUTUALIDAD/MUTUALITY

not compliance -working together

ESPERANZA/HOPE

not helplessness-pathways exist

Servicios orientados hacia la recuperación

(Farkas, 2011)



Servicios que se complementan

Rehabilitación

Roles productivos en diferentes ambientes (vive, trabaja, estudia socializa, y/o estudia)

- Desarrollo de las relaciones personales, mutuo acuerdo
- Cambiar el ambiente y/o los apoyos del usuario por medio del manejo de casos y abogacia.

Tratamiento

- Reducir los síntomas de la enfermedad por medio de los medicamentos, o técnicas de modificación del comportamiento.
- Mejorar al individuo con psicoterapia, terapias individuales, o familiares, etc.
- (Adaptado de Farkas, 1999)

PSYCHIATRIC REHABILITATO N APPROACH (NERPP, 2011)

- Person-centered
- Strengths-based intervention designed to build clients' positive social relationships.
- Encourage self-determination of goals.
- Connect clients to needed human service supports, and provide direct skills training to maximize independence.

Rehabilitación siquiátrica brinda las herramientas

Approach

**Filosofia,
proceso, tecnologia**

Integrada

Modelos

- Hospital
- Clinica
- Programa residencial
- ACT
- Clubhouse

El proceso de rehabilitación siquiátrica

Estableciendo una conexión terapéutica

Evaluación de rehabilitación
Psiquiátrica?



Desarrollar la capacidad de participar en
rehabilitación

Elegir un rol valorado

Obtener un rol valorado

Instill hope for recovery by encouraging positive interactions

- If people are to support people in recovery, they must live in hope and understand no one is beyond hope.
 - Deegan, P. <http://www.patdeegan.com/blog/archives/000011.php>

ESTIGMA, PREJUCIO DISCRIMINACION

Es el estigma social, una carga de sufrimiento que incrementa innecesariamente los problemas de la enfermedad y constituye uno de los principales obstáculos para el éxito del tratamiento y de la recuperación.



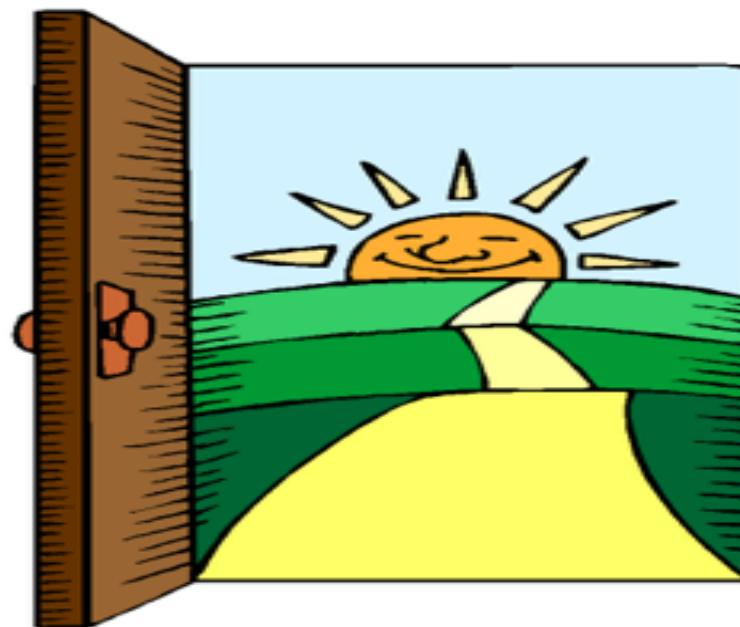
Recuperando la Esperanza

(Restrepo-Toro, 1999)

- Participar activamente en su tratamiento y rehabilitación.
- Aprender nuevas maneras de enfrentar la vida.
- Adquirir la confianza para asumir roles valorados.
- Crear nuevos vínculos personales.



Abriendo Caminos en tu vida: Guía de preparación para la rehabilitación siquiátrica, 2006



Project funded by NIDRR

¿Qué tan importante es este cambio en mi vida?



- Cuando pensamos en hacer un cambio, usualmente es más fácil comenzar paso a paso...



¿Qué voy a ganar o perder?



- Cuando pensamos en hacer un cambio, es importante preguntarnos lo que podríamos ganar o perder con este cambio...

Pares PEERS

Entrecruzando
nuestros caminos:
Entrenamiento para
Compañeros -
Promotores de
recuperación y
rehabilitación, 2010.



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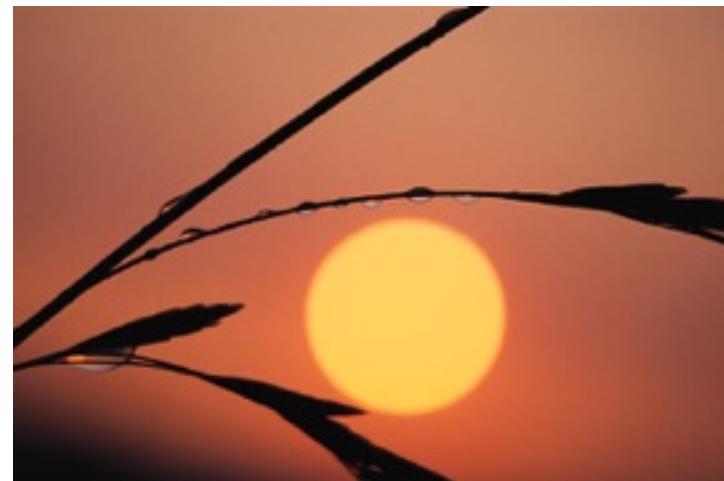
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Recovering Promoting Competencies



PROMOVER LA ESPERANZA

- Hope is an essential ingredient in Psychiatric Rehabilitation.
- Hope is always necessary, but often insufficient.
- Provider loss of hope...how does it impact our practice? Momentary losses of hope? What happens in our relationships with our students?



ESCALA PARA EVALUAR CÓMO LAS RELACIONES INTERPERSONALES PROMUEVEN LA RECUPERACIÓN

(Rogers, Russinova & Restrepo-Toro, 2011)

RECOVERY –PROMOTING
RELANTIONSHIP SCALE FOR SPANISH-
SPEAKING MENTAL HEALTH CONSUMERS

Los profesionales pueden promover la recuperación

Se preocupa por mi como persona



Me ayuda a ver que las cosas pueden mejorar



Realmente escucha lo que tengo que decir



Es honesto conmigo



Me ayuda a tomar responsabilidad en mi mejoría

Ejemplos chilenos de intervenciones que integran Recovery

- Critical Time Intervention- Task Shifting (CTI-TS) RedeAmericas project (Network for Mental HealthResearch in Latin America, an NIMH grant).
- The PIs from the US are Dr. Ezra Susser(Columbia University) and Dr. Sandro Galea (Boston University), and from Universidad de Chile, Dr. Ruben Alvarado and Dr. Graciela Rojas. The CTI-TS team in Chile is led by Maria Jose Jorquera and Sara Schilling, and the team has 4 peer support workers (PSWs) and 2 community mental health workers (CMHWs).

Hospital de día de
Peñalolén

Francisca Díaz

John Piovesan

Juan Carlos Almonte

jcalmonte@gmail.com

Información

Maria E. Restrepo-Toro, MS, CPRP.

- Senior Training Associate, Center for Psychiatric Rehabilitation at Boston University.

mertoro@bu.edu

www.bu.edu/CPR/Latino