

IMPLEMENTATION OF A PROGRAM OF PSYCHOSOCIAL REHABILITATION IN A SUPPORTED HOUSING FOR PERSONS WITH SEVERE MENTAL DISORDER

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INTRODUCTION

The supported housing for persons with severe mentally disorder constitutes one of the main resources for community reintegration. In the last years, the economic crisis has slowed the creation of new supported housings. In 2014, in order to reduce the long waiting list, one of the extended stay units in our psychiatric hospital was converted into a supported housing for 25 patients. The conversion of a health resource in a social resource has forced us to rethink the rehabilitation program for these persons, adapting it to the characteristics and functioning of a supported housing

SUMMARY

The aim is to describe the processes of organization and implementation of the developed functional interventions in a supported housing, resulting from the conversion of a long stay psychiatric unit.

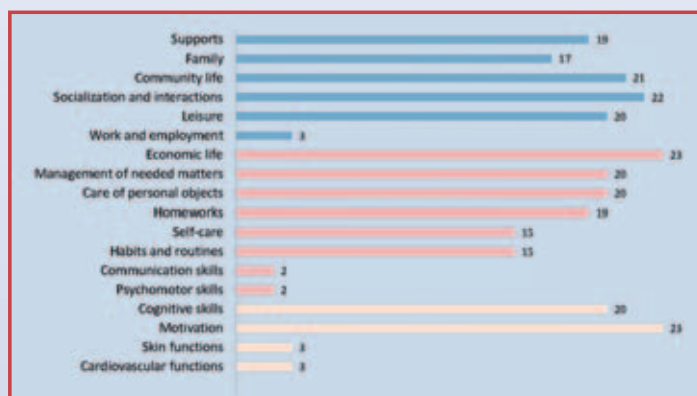
METHODOLOGY

In the first phase of the analysis, we detected the occupational needs using the WHO-DAS-II scale, an instrument validated by WHO (figure 1).

In a second organizational phase, we designed global and individual programs for all residents. The principles of self-determination, self-empowerment, wellness and satisfaction are cornerstones in the design of the programs. To develop the programs, we combined three types of contexts (inside the residence, in the hospital campus and in the community).

The profile of person we attend is in a process of transition from one health care plan to a plan more social attention. To facilitate this transition, we have designed an organization defining new contexts and new supports, always within the framework of psychosocial rehabilitation. For the implementation phase, we have used the Model of Human Occupation (G. Kielfogner, 2005), techniques from Togli's Dynamic Interactional Approach (2003) and the Leisure Counseling Program Material for the Developmentally Disabled (Peterson, C.A. and Gunn, S.L, 1984). The stages on which individual interventions are structured are the determined by Marianne Farkas (1980): stage of commitment, evaluation of motivation, learning of roles and community participation.

Fig. 1: Analysis of residents's needs



RESULTS

We designed fourteen programs for global attention, divided into 42 monthly activities. As example, in the figure 2 we show the calendar morning of activities. We want to emphasize the variety of external programs based on occupations related to animals, sports and communitarian participation, combined with internal programs such as the program of daily activities, the work program, the calendar of activities, etc. The figures 2 and 3 display the participation levels. Specifically, the rate of participation in external and internal rehabilitative activities in year 2013 (before inauguration) and year 2014, (after inauguration) and too the rate of participation in community activities according to the level of support that the residents need.

Fig. 2: Morning calendar activities

Hour/day	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7.45 to 8.45	Program of basic ADS				
8.45 to 9.00	Workshop self-medication				
9.00 to 9.30	Program of basic ADS (self-service breakfast)				
9.30 to 9.45	Money and balance management				
10.15 to 11.15	Activity: Home maintenance Place: Supported Housing Responsible: Nursing assistant	Activity: Home maintenance Place: Supported Housing Responsible: Nursing assistant	Activity: Home maintenance Place: Supported Housing Responsible: Nursing assistant	Activity: Home maintenance Place: Supported Housing Responsible: Nursing assistant	Activity: Home maintenance Place: Supported Housing Responsible: Nursing assistant
	Activity: Artistic workshop Place: List of rehabilitative activities Responsible: Nursing assistant	Activity: Artistic workshop Place: List of rehabilitative activities Responsible: Nursing assistant	Activity: Artistic workshop Place: List of rehabilitative activities Responsible: Nursing assistant	Activity: Artistic workshop Place: List of rehabilitative activities Responsible: Nursing assistant	Activity: Artistic workshop Place: List of rehabilitative activities Responsible: Nursing assistant
	Activity: Shopping activity Place: Community Responsible: Nursing assistant	Activity: Shopping activity Place: Community Responsible: Nursing assistant	Activity: Shopping activity Place: Community Responsible: Nursing assistant	Activity: Shopping activity Place: Community Responsible: Nursing assistant	Activity: Shopping activity Place: Community Responsible: Nursing assistant
10 to 10.30	Activity: Physical activity Place: Gym Responsible: Nursing assistant	Activity: Physical activity Place: Gym Responsible: Nursing assistant	Activity: Physical activity Place: Gym Responsible: Nursing assistant	Activity: Physical activity Place: Gym Responsible: Nursing assistant	Activity: Physical activity Place: Gym Responsible: Nursing assistant
	Activity: Program of controlled cat's colony Place: Gardens Responsible: Nursing assistant	Activity: Program of controlled cat's colony Place: Gardens Responsible: Nursing assistant	Activity: Program of controlled cat's colony Place: Gardens Responsible: Nursing assistant	Activity: Program of controlled cat's colony Place: Gardens Responsible: Nursing assistant	Activity: Program of controlled cat's colony Place: Gardens Responsible: Nursing assistant
	Activity: Productive workshop Place: List of rehabilitative activities Responsible: Nursing assistant	Activity: Productive workshop Place: List of rehabilitative activities Responsible: Nursing assistant	Activity: Productive workshop Place: List of rehabilitative activities Responsible: Nursing assistant	Activity: Productive workshop Place: List of rehabilitative activities Responsible: Nursing assistant	Activity: Productive workshop Place: List of rehabilitative activities Responsible: Nursing assistant
10.30 to 12	Activity: Psychoeducation Place: Computer room Responsible: Nursing assistant	Activity: Psychoeducation Place: Computer room Responsible: Nursing assistant	Activity: Psychoeducation Place: Computer room Responsible: Nursing assistant	Activity: Psychoeducation Place: Computer room Responsible: Nursing assistant	Activity: Psychoeducation Place: Computer room Responsible: Nursing assistant
	Activity: Group conversation Place: Supported Housing Responsible: Nursing	Activity: Group conversation Place: Supported Housing Responsible: Nursing	Activity: Group conversation Place: Supported Housing Responsible: Nursing	Activity: Group conversation Place: Supported Housing Responsible: Nursing	Activity: Group conversation Place: Supported Housing Responsible: Nursing
	Activity: Animal assisted activity Place: Supported Housing Responsible: Occupational therapist	Activity: Animal assisted activity Place: Supported Housing Responsible: Occupational therapist	Activity: Animal assisted activity Place: Supported Housing Responsible: Occupational therapist	Activity: Animal assisted activity Place: Supported Housing Responsible: Occupational therapist	Activity: Animal assisted activity Place: Supported Housing Responsible: Occupational therapist
11.00 to 12.00	Activity: Language workshop Place: List of rehabilitative activities Responsible: Occupational therapist	Activity: Language workshop Place: List of rehabilitative activities Responsible: Occupational therapist	Activity: Language workshop Place: List of rehabilitative activities Responsible: Occupational therapist	Activity: Language workshop Place: List of rehabilitative activities Responsible: Occupational therapist	Activity: Language workshop Place: List of rehabilitative activities Responsible: Occupational therapist
	Activity: Communication and autonomous participation Place: Community Responsible: Occupational therapist	Activity: Communication and autonomous participation Place: Community Responsible: Occupational therapist	Activity: Communication and autonomous participation Place: Community Responsible: Occupational therapist	Activity: Communication and autonomous participation Place: Community Responsible: Occupational therapist	Activity: Communication and autonomous participation Place: Community Responsible: Occupational therapist
	Activity: Community outings (twice a month) Place: Community Responsible: Occupational therapist	Activity: Community outings (twice a month) Place: Community Responsible: Occupational therapist	Activity: Community outings (twice a month) Place: Community Responsible: Occupational therapist	Activity: Community outings (twice a month) Place: Community Responsible: Occupational therapist	Activity: Community outings (twice a month) Place: Community Responsible: Occupational therapist
12.00 to 13.00	Activity: Group conversation Place: Supported Housing Responsible: Nursing	Activity: Group conversation Place: Supported Housing Responsible: Nursing	Activity: Group conversation Place: Supported Housing Responsible: Nursing	Activity: Group conversation Place: Supported Housing Responsible: Nursing	Activity: Group conversation Place: Supported Housing Responsible: Nursing
	Activity: Home maintenance Place: Supported Housing Responsible: nursing assistant	Activity: Home maintenance Place: Supported Housing Responsible: nursing assistant	Activity: Home maintenance Place: Supported Housing Responsible: nursing assistant	Activity: Home maintenance Place: Supported Housing Responsible: nursing assistant	Activity: Home maintenance Place: Supported Housing Responsible: nursing assistant
	Activity: Environmental management Place: Supported Housing Responsible: Occupational therapist	Activity: Environmental management Place: Supported Housing Responsible: Occupational therapist	Activity: Environmental management Place: Supported Housing Responsible: Occupational therapist	Activity: Environmental management Place: Supported Housing Responsible: Occupational therapist	Activity: Environmental management Place: Supported Housing Responsible: Occupational therapist
12.45 to 13.00	Workshop self-medication				
13.45 to 13.00	Program of basic ADS (self-service dinner)				
13.00 to 13.30	Activity: Home maintenance Place: Supported Housing Responsible: Nursing assistant				

Fig. 3: Rate of participation in activities

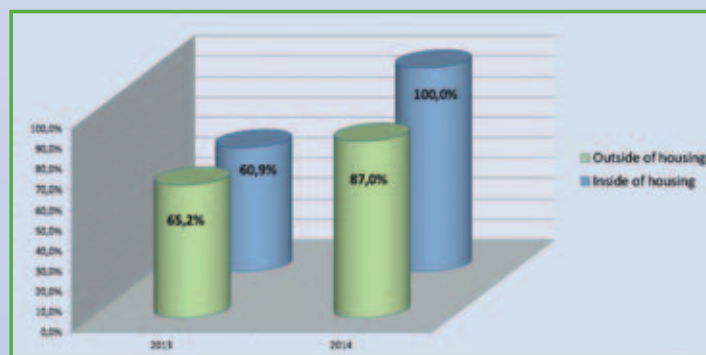
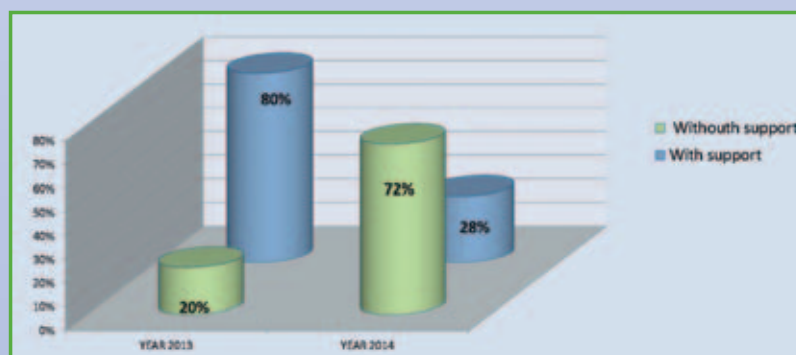


Fig. 4: Rate of participation in community activities according to the level of support needed



CONCLUSION

Supported housing should not just be a place to live. They also have to be rehabilitative resources, with programs and concrete activities aimed at maintaining and improving user autonomy and their relationship with the community.