

# THE LIMITS OF PSYCHOSOCIAL REHABILITATION

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## Introduction

In the present study we show, in psychosocial rehabilitation unit, the evolution of a very sick patient, 48, diagnosed with disorganized schizophrenia in 1986, with fourteen income treble, and a long time in rehabilitation (takes entered in the unit, about twelve years), and Gilbert's syndrome.

Gilbert's syndrome (idiopathic unconjugated hyperbilirubinemia) is a benign hyperbilirubinemia found in the general population. We report one case in which the exacerbation and remission of hyperbilirubinemia closely correlated with the psychosis of schizophrenia. Some studies have reported that schizophrenic individuals had a significantly higher frequency of hyperbilirubinemia than patients suffering from other psychiatric disorders and the general healthy population. Stress and fasting are well-known contributors to elevated plasma bilirubin levels in patients with Gilbert's syndrome.

In recent years psychosocial rehabilitation has been configured as a field of growing importance intervention and interest in community care for people with schizophrenia and other psychoses. Defined as a set of strategies psychosocial and social intervention to complement interventions pharmacological, psychotherapeutic and management of symptoms, primarily aimed at improving personal functioning and social, quality of life and to support community integration persons suffering from schizophrenia and other diseases severe and chronic mental.

## Methods

A comprehensive review of the clinical history is made, and clinical courses of coordination meetings, and individualized planning (Multidisciplinary between different professionals who attend to the patient), to assess the various psychopathological states, treatments received and stadiums rehabilitation of over the years.

## Results

Over the years we see you becoming chronic mental illness, diminishing cognitive abilities and surfacing negative and obsessive symptoms (with its rituals) supplying the positive.

The patient is able to maintain, as of today, very basic routines in their personal hygiene and coexistence with other patients in the unit. His only activity outside the unit is to go daily in the morning for coffee at the cafeteria of the hospital (two hundred meters from the unit).

Besides of two evasions (one produced by proposing a change in location), hardly a left the hospital grounds in the last twelve years. Any attempt to change in your routine is of increased anxiety, hypertensive crisis, risk of decompensation and new center evasion.

Rehabilitation has to do therefore with helping people with TMG overcome or compensate for psychosocial difficulties and social integration suffering and support them in developing their lives everyday in the community as independently and with dignity and as in the performance and handling of the different roles and demands supposed to live, work and socialize in different community settings. Rehabilitation operates trying to support the person with the disorder Mental severe in the difficult challenges of its development and integration in the standard social life, helping also regain their dignity as a person and as a citizen. And opera in all areas of life and in different scenarios in which it develops: accommodation, social network, work, family relationships, studies, leisure, etc. Rehabilitation aims to act in all these helping both scenarios reconstruct a minimal social support network as in the difficult task of finding a job, or to recover a personal autonomy deteriorated.

## Conclusions

Psychosocial rehabilitation has, in a few cases, limits and we have to accept to minimize the frustration of the treatment team. However, it is important to always seek new challenges, making periodic reviews of the objectives to achieve other purposes.

## References

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