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Rehabilitation and Community Mental Health Nursing

Mental Health Nursing

Psychiatric rehabilitation, psychosocial rehabilitation, community-based care, follow-up services, halfway homes, occupational therapy, social skills training and relapse prevention.

For educational purposes only.

CHAPTER 21 / MENTAL HEALTH NURSING 21. Rehabilitation and Community Mental Health Nursing

1. Definition and principles

Psychiatric rehabilitation supports people with mental illness to live meaningful lives in their chosen communities, maximize function and participation and reduce barriers. Recovery is a personal process, not identical to symptom remission. Psychosocial rehabilitation combines skills training, environmental support and access to social resources.

2. Community-based continuum

Community screening/primary care -> outpatient specialist or DMHP -> acute inpatient care as indicated -> supported discharge and follow-up -> rehabilitation, supported housing/employment and community reintegration. Home visits identify adherence, physical health, social support and household safety with consent. Halfway homes and supported living provide transitional/community accommodation according to needs and rights; they must not become unnecessary long-term confinement.

Intervention	Purpose
Psychoeducation	Understand illness, medication, signs of relapse, coping and resources.
Occupational therapy	Enhance meaningful daily activities, skills, routines and participation.
Social skills training	Practice communication, assertiveness and problem-solving.
Supported education/employment	Individualized assistance in school/work settings.
Case management	Coordinate care, benefits, housing, physical health and follow-up.
Peer and family support	Mutual support, advocacy and caregiver resources, with consent.

3. Relapse prevention and discharge plan

Identify individual early signs (e.g., reduced sleep, increasing voices or withdrawal), triggers and protective factors; agree who to contact and what to do, review medicines and adverse effects, plan appointments, access, transport, crisis pathways and social support. Ensure physical health monitoring including metabolic risks and tobacco/alcohol support. Assess housing/safety and need for supported decisions. Use teach-back and written

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plan in preferred language.

4. Nursing responsibilities

Assess daily living skills, strengths, goals and social barriers; build therapeutic relationship, monitor progress, teach coping and self-care, conduct home outreach within policy, coordinate referrals, maintain confidentiality and advocate against stigma. Evaluate outcomes such as functioning, attendance, quality of life and patient-defined goals, not merely readmission.

5. Important Examination Questions

Long Answer Questions

1. 1. Describe psychiatric rehabilitation and community-based mental health nursing.

Short Answer Questions

1. 1. Explain halfway homes
2. 2. describe occupational therapy and social skills training
3. 3. discuss relapse prevention.

Very Short Answer Questions (with answers)

1. 1. What is psychosocial rehabilitation? - Support for functioning and community participation.
2. 2. Is recovery synonymous with symptom absence? - No.

6. Quick Revision

- Rehabilitation emphasizes participation.
- Follow-up must be practical and accessible.
- Support autonomy and social inclusion.

7. Conclusion

Rehabilitation emphasizes participation. Follow-up must be practical and accessible. Support autonomy and social inclusion.

NURSE'S CONTENT / MENTAL HEALTH NURSING 36

B.SC. NURSING / CHAPTER-WISE STUDY NOTES

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which statement best describes recovery in psychiatric rehabilitation?

A. A process measured only by the complete absence of symptoms
B. A personal process that is not identical to symptom remission
C. A goal achieved only through inpatient care
D. A fixed outcome determined solely by diagnosis

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2. Which rehabilitation intervention primarily coordinates benefits, housing, physical health and follow-up?

A. Social skills training

B. Occupational therapy

C. Case management

D. Supported education

3. Which outcome is appropriate when evaluating community rehabilitation?

A. Readmission counts as the only outcome

B. The number of medicines as the only outcome

C. The diagnosis label as the only outcome

D. Functioning, quality of life and patient-defined goals

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Answer key and explanations

1. B - A personal process that is not identical to symptom remission

Recovery includes personally meaningful function and participation beyond symptom remission.

2. C - Case management

Case management coordinates the practical components of care and support.

3. D - Functioning, quality of life and patient-defined goals

Rehabilitation evaluation should include participation and personally meaningful outcomes.

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