Clinicians who are involved in providing community and rehabilitation services for people with severe mental illness must have thought of this question of whether rehabilitation or recovery-oriented services is a better term to describe their services. In this field of psychiatry, terms like psychiatric or psychosocial rehabilitation or recovery-oriented services and many other variations have been used to name services which all aim to facilitate recovery of people with severe mental illness. While there is no right or wrong term to be used, it is of crucial importance that any particular service in this area truly support recovery of service users. Rehabilitation is an evolving field and confusion about it may lead to falling back of day-to-day practices into certain traditions which are now proven no longer useful in supporting recovery. In developing countries like Malaysia, where, trained psychiatrists in this area are not many, and service teams face constant changes in the people directly involved in delivering the service, a clear view on the matter is important.

Psychiatric rehabilitation was legitimized as a coherent psychiatric field more than forty years ago which was fought to have equal status as rehabilitation for physical disability. It has undergone significant changes in concept and practices and becoming increasingly mature, informed by the growing body of scientific evidences on effective recovery interventions. The World Health Organization (WHO) in 1996, defined ‘rehabilitation’ as ‘a process that facilitates the opportunity for individuals who are impaired, disabled or handicapped by a mental disorder to reach their optimal level of independent functioning in the community’. There are many other definitions which may differ depending on whether the emphasis is on the goals, methods, philosophy or linkages to the larger scope of rehabilitation. Because of the broad concept these definitions carry, all literatures on this subject are accompanied with necessary description of relevant values, objectives, principles and practices congruent to its definition.

Between psychiatric rehabilitation and psychosocial rehabilitation, they went through a process of distinction which was later abandoned. Psychiatric rehabilitation was originally based on the medical model and psychosocial rehabilitation on the social model of rehabilitation. While psychiatric rehabilitation is a descriptively useful label, it can be used in a misleadingly restrictive way. Whereas psychosocial rehabilitation which usefully reinforces the core value of person-environment interaction can be misunderstood for its potentially encompassing scope. In practice, medical model which generally refers to treatment...
medication and psychotherapy and social model which refers to programs aimed at employment, housing and other aspects of community functioning, are both usually employed in helping individuals with mental illness to recover\(^1\). Being a process-based term, rehabilitation requires update from time to time as the knowledge on the complex needs for recovery and the recovery phenomenon itself increase. Rehabilitation as we understand it now attempts to incorporate value-based medicine which takes into consideration the importance of perception of consumers on the relevance of any intervention, along with evidence-based medicine which emerges from scientific research, which is also a central concept of recovery-oriented services\(^3\).

Recovery-oriented care or services is relatively a new term which emerged from the understanding of the services and processes required for recovery, seen from the perspective of recovery rather than disability as in rehabilitation. The term has an advantage of being an outcome-based in addition to the process-based similar to rehabilitation, with an emphasis of recovery as an aim of services and practices that come with it. While rehabilitation was originally championed by mental health professionals, recovery-oriented services movement is more and more driven by consumers as an important partner in the process, where their lived experiences are taken as an important contributor to the definition of recovery and the processes involved to achieve recovery\(^4\).

Rehabilitation and recovery are both evolving concepts which joined to share common processes to promote recovery in individuals with mental illness. These processes include the delivery of evidence-based services such as illness management and recovery, assertive community treatment, family psychoeducation, integrated dual disorders treatment and supported employment as well as the adoption of values like hope, self-determination, empowerment of consumers and partnership between organisations and consumers which in turns contribute to the advancement in the understanding recovery phenomenon.

Psychiatrists and mental health practitioners need to be clear of the expected contribution and outcome of each service to avoid unmet expectation of each service, to make sure services offered for individual consumers are in line with recovery as a goal. Between rehabilitation or recovery-oriented services, both could give an equally good quality of care when all the principles and processes that support recovery are adhered to.

References


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