بسم الله الرحمن الرحيم

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بقسم التوثيق الإلكتروني بمركز الشبكات وتكنولوجيا المعلومات دون أدنى مسئولية عن محتوى هذه الرسالة.

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DEINSTITUTIONALIZATION OF THE CHRONICALLY MENTALLY-ILL

Thesis

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Master Degree of Neuropsychiatry

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INTRODUCTION

Deinstitutionalization has been defined by ***Bachrach (1978)*** as the contraction of the traditional institutional settings with the concurrent expansion of community-based services. The prevention of inappropriate mental hospital admissions is also one of its essential components ***(Thornicrofl et al., 1989).***

One of the most remarkable events in psychiatric health care in this century was the national deinstitutionalization of people with chronic mental illness. Although thousands of long term patients left psychiatric hospitals, deinstitutionalization by itself failed to meet its proponents' high expectations. Many discharged patients develop a pattern of frequent readmissions for brief stays and other problems appeared ***(Bellack and Mueser, 1986).*** In addition, as many as one half of homeless people are former patients at psychiatric hospitals ***(Warner, 1989).***

Chronic mental illness is difficult to define. Before deinstitutionalization, the criterion for chronicity was current or prior hospitalization. Present definitions emphasize three criterion ***(Bachrach, 1988).***

First criterion; chronic mental illness is distinguished by its gradual onset, indefinite duration, threat of relapse, and lack of return to prodromal functioning. Acute illness, in contrast, has an abrupt onset and finite duration ***(Anderson et al., 1980).*** *Second criterion;* diagnosis is made on the basis of psychiatric symptoms, such as depressed mood, hallucinations, or delusions. *Third criterion;* disability, in addition to the

severe psychiatric symptoms suffered in chronic mental illness, that lead to considerable financial, social, vocational and personal impairment.

Because chronic mental illness is characterized by chronic deficits in personal and social functioning, many people with chronic mental illness are unable to perform the basic activities of daily living. Many are unemployed, dependent on the welfare services for survival, and lack adequate health care. In addition, the chronically mentally ill must also deal with stigma and discrimination. These factors combine them to make them one of the most needy and disadvantaged groups of society ***(Shadish et al., 1989).***

Thus variety of services have been developed, including short-term general psychiatric units, day-treatment programs, halfway houses, social and vocational rehabilitation services, and case management programs ***(Jencks, 1996).***

It has been suggested that the patients quality of life can be better improved through properly provided community care than by institutional care, however, there seems to be group of mental patients who need long-term institutional care ***(Leff et al., 1994).*** It is important to take all the complex functions of mental hospital into account ***(Clifford et al., 1991).***

The social impairment of mentally ill people may be overcome, at least partially, by intensive training and dedicated cooperation of the staff which may be divided into three stages ***(Telias et al., 2000)***:

First Stage accomplished during their period of hospital admission, which enabled them to abandon the hospital and pass to live in the hostel (a second period in which they acclimatized to life in the hostel).

Hostels or half way houses were created in relation to Rehabilitation Institutes in order to prepare chronic mentally ill patients to be discharged from a psychiatric facility to live in a sheltered quarters in the community by providing a series of courses of basic self-help skills ***(Telias et al., 2000).***

The outpatient department of psychiatric institute, which had to receive mentally ill patients for follow up treatment, developed a Day-Care Unit. These specialized units are engaged in the patient reentry process from Hostels ***(Telias et al., 2000).***

The stage accomplished in the Rehabilitation Department, started the process of rehabilitation which would lead the patients to eventually return to the life in the community, may in itself be divided into two periods: in the first, the patients were trained in basic socialization skills, and understanding of their disease. The second of these periods, the passage to the hostel itself, required the cooperate efforts of the staff of the rehabilitation department and the staff of the outpatient department, with a very gradual transition from one to the other, and with a deep understanding, on the part of the second personnel, of the needs of the patients and the direction of the efforts made by the first team.

Second Stage required a great involvement on the part of the relatively small staff provided by the outpatient department, and engaged in new activities almost every week, and they often had to be redirected on the positive goals previously fixed without letting them wander at will ***(Telias et al., 2000).***

Third Stage required the cooperative effort of the outpatient department and of the staff of the hostel, in order to make sure that training was continuous and with an adequate rhythm.

The repetition of the subjects already covered in the rehabilitation department in this stage was of course a practical application of the principle of reinforcement of behavioral therapy ***(Telias et al., 2000).***

Recent articles have pointed to a growing consensus that problems of chronic mental illness should be a national mental health priority. Outspoken advocates for the chronically mentally ill, such as psychiatrist Torrey E., and the National Alliance for the Mentally ill, have called for psychologists to assume a leadership role in caring for people with chronic mental illness ***(Youngstrom, 1991).***

Thus a more extensive involvement of psychologists and other mental health specialists are necessary since deinstitutionalization to use their expertise in serving people with chronic mental illness ***(Smith et al., 1993).***

AIM OF THE WORK

1. To review the effects of deinstitutionalization in chronic mentally ill on the each of the following items.

    a- Psychosocial function.

    b- Patient care.

    c- Community integration.

2. To point out the advantages and disadvantages of deinstitutionalization in comparison to each of the following:

    a- Long term hospitalization.

    b- Partial hospitalization.

    c- Midway houses.

CHAPTER I

Mental Health in Arab Countries

(1) Mental Illness in the Islamic Era:

The approach of Islam to mental illness can be traced to two main sources:

1. The Holy Text (the Koran): The most common word used to refer to the mad person, i.e. insane or psychotic in the Koran is "majnoon". This is mentioned five times in the Koran to ascribe how prophets were perceived.
2. Common convictions at the popular level: The same word is used by the masses to describe the perceived eccentricity of all prophets when they attempt to guide their people to enlightenment. It is sometimes coupled with being a magician or a teacher. In a sense, there seems to be a positive connotation to madness that would flatter the antipsychiatry concept of madness, that flourished in the mid-sixties *(Okasha, 1998).*

The word "majnoon" is originally derived from the word "jinn" (the word "jinn" in Arabic has a common origin with overlapping words with different connotations and can be traced to refer to a shelter, screen, shield, paradise, embryo and madness). The current belief that the Islamic concept of the insane is that he is possessed by a "jinn" should

not be confused with the concept of the Middle Ages. In Islam, the "jinn" is not necessarily a demon, i.e. an evil spirit. It is a supernatural spirit, lower than the angles, and has the power of assuming human and animal forms, that can be either good or bad. Some jinn are believers, listen to Koran and help human fairness. Moreover, Islam is not devoted to human beings but also to the spiritual world at large. In the Koran, almost always, the jinn and the human being are mentioned together. This has altered the concept and the management of the insane, although they may be perceived as being possessed because the possession may be by a good or a bad spirit. Consequently there is no place to generalize punishment or give to condemnation unconditionally.

Apart from the concept of the insane as being possessed, we have another positive concept where the insane is taken as the one who dares to be innovative, original, creative or attempts to find alternatives to a static and stagnant mode of living. It is also to be found in various attitudes towards certain mystics such as Sufism, where the expansion of self and consciousness has been taken as a rationale to label some of the Sufis as psychotic. The autobiographies of some Sufis reveal the occurrence of psychotic symptoms and many mental sufferings in their paths to self-salvation ***(Okasha, 1993).***

The third concept of mental illness is the consequence of the disharmony or constriction of consciousness, which non-believers are susceptible to. It is related to denaturing of our basic structure (Al Fitrah) and disruption of our harmonious existence by egoism, detachment or alienation, partly presented by the loss of integrative insight. This level is more understood if we became acquainted with the essence of Islam as

an existential mode of living, behaving and relating to nature and the basic belief in the beyond-not necessarily supernatural.

The prevailing concept of mental illness at a particular stage in the Islamic World depends on the dominance of development or deterioration of genuine Islamic issues. For instance, during deterioration, the negative concepts of the insane as being possessed by evil spirits dominates, whereas during periods of enlightenment and creative epochs, the disharmony concept dominates and so forth.

Islam also identified the unity of body and psyche. The psyche (Elnafs) was mentioned 185 times in the Koran as a broad reference to human existence, meaning at different times body, behavior, affect, and/or conduct i.e. a total psychosomatic unity.

The teaching of the great clinician Rhazes had a profound influence on Arab as well as European medicine. The two most important books of Rhazes are "El Mansuri" and "Al-Hawi". The first consisting of ten chapters, includes the definition and nature of temperaments, the dominant numerous and comprehensive guides to physiognomy. Al-Hawi is the greatest medical Encyclopaedia produced by a Moslem physician. It was translated into Latin in 1279 and published in 1486. It is the first clinical book presenting the complaints, signs, differential diagnosis and the effective treatment of illness. One hundred years later, "El-Canoon" of medicine by Avicenna was a monumental, educational, and scientific book with better classification ***(Okasha, 1996a).***

The first Islamic hospital appears to have been established by the early ninth century in Baghdad and to have been modelled on the East

Nevertheless, the basic responsibility for the insane was the family. The Koran and Islamic law strongly reinforced this ancient duty. The Koran states: "Do not give to the incompetent (Sufaha'a) their property that God has assigned to you to manage; provide for them and clothe them out of it; and speak to them honorable words."

The beneficial effects of music for healing had been widely acknowledged since antiquity. Musical performances were often given at the Mansuri Hospital in Cairo; one of the designated expenditures was for troops of musicians to come each day and entertain the patients. During the Ottoman period, the older hospitals continued to employ music, and the Turkish ones were remarkable for continuing the practice.

It appears that other forms of d version had also been employed in the hospital, such as dancing, theatrical performances, and recitations. Patients suffering from insomnia were placed in a separate hall; they listened to harmonious music, and skilled story-tellers recited their tales to them. When the patients began to recover their sanity, they were isolated from the others, and dancing and various sorts of comedies were staged for their benefit. When they left the hospital, the patients were given five gold pieces, so that they were not obliged immediately to undertake laborious work.

Similarly care was taken about the quality of the air and scenting it with herb; immense fans called pankas were used to circulate the air, and the floors were covered with branches of henna, pomegranate, mastic, and fragrant vines. The famous balsam from Heliopolis was reserved for this hospital and for the medication of the patients.