NON-PSYCHOPHARMACOLOGICAL INTERVENTIONS IN SEVERE MENTAL ILLNESS

A.T. Pereira¹, S. Ana Lúcia¹, G. L. Fernandes², Â. Venâncio¹, J.D. Rodrigues¹.

¹Vila Nova de Gaia/Espinho Healthcare Center Vila Nova de Gaia- Portugal, Department of Psychiatry and Mental Health, Vila Nova de Gaia, Portugal.

²Santa Maria 2 Primary Health Care Unit, Primary Health Care Unit, Bragança, Portugal.

Objectives

Describe non psychopharmacological interventions in severe mental illness.

Background

In many European countries, deinstitutionalisation has been an ongoing process over the last few decades. Mental health organisations were transformed to provide support in a more integrated and comprehensive manner, preferably in patients' homes, in the community. People with a severe mental illness have problems with no motivation and organisational skills that impact their ability to manage day-to-day tasks. Mental health rehabilitation programmes have a major emphasis on engaging individuals in activities. For those who are at an earlier stage of recovery, this may involve identification of incentives to encourage the person to get out of bed, to attend to their self-care or to spend some time in a communal area. Over time, the person may gradually become more confident and be able to engage in one-to-one sessions or groups. Rehabilitation programmes provide a much-needed framework to guide practitioners and help them organise and focus their recovery-oriented approach.

Results and conclusions

Specific rehabilitation interventions

Cognitive interventions

Cognitive adaptation training (CAT) is a home-based intervention that aims to bypass cognitive deficits by using environmental aids.

Cognitive remediation (CR) interventions specifically aim to improve cognition.

Although **cognitive behaviour therapy for psychosis (CBPp)** has a very strong evidence base, people with complex mental health problems may be too unwell, at least at the start of their rehabilitation treatment, to be able to engage with such a structured approach.

However, there is some evidence that low intensity CBT (LI CBT) may be effective.

A **narrative enhancement and cognitive therapy** is a group-based intervention that aims to reduce service users' internalised stigma through challenging unhelpful cognitions and reconstruction of personal narratives.

Family psychoeducation

Recent applications in first-episode psychosis and the prodromal phase of psychosis have shown promising results. Meta-analyses have demonstrated reductions in relapse rates for persons suffering from schizophrenia to 40% of those in control groups.

Art therapy

Art therapy enables individuals to use art to creatively express themselves and communicate differently with themselves, others, and their reality.

Lifestyle interventions

The prevalence of obesity amongst people with psychotic disorders is 41-50 v. 20-27% in the general population. Lifestyle interventions are effective in helping people to lose weight and preventing weight gain and therefore play an important role in preventing and treating obesity. Interventions also address cardiometabolic risk factors, associated with the two to threefold higher mortality rates for people with severe mental problems compared with the general population.

Work and education

Recent research does however not support the view that persons with severe mental disorders need protection from modern working life. Quite the opposite, work is considered an important part of recovery, and is closely linked with improved quality of life.

User-led and peer support interventions

The evidence base supporting the effectiveness of service user-run services and service user-led interventions is growing. The *Wellness Recovery Action Plan (WRAP)* is a widely disseminated service user-led self-management recovery programme. It produces an action plan that taps into key values of recovery such as hope, autonomy and self-efficacy and identifies factors that precipitate or perpetuate feelings of unwellness and the actions that need to be taken to alleviate them by the person and/or their support network.

E-mental health

Smartphone and web-based interventions may be of particular relevance to those with more complex problems, providing an alternative approach for those who struggle with verbal communication.

The attitudes, knowledge and skills of staff providing treatment and support is crucial to recovery. People with severe mental illness need much more than a psychopharmacological intervention. They need a rehabilitation program that includes them in a life plan according to their values.

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