INTRODUCTION
Psychosis

The word psychosis is used to describe conditions which affect the mind, where there has been some loss of contact with reality. When someone becomes ill in this way it is called a psychotic episode. Psychosis is most likely to occur in young adults and is quite common. Around 3 out of every 100 young people will experience a psychotic episode. Most make a full recovery from the experience. Psychosis can happen to anyone. An episode of psychosis is treatable, and it is possible to recover. Everyone’s health, both physical and mental, varies from time to time and may sometimes cause problems and mean that you experience different symptoms. A symptom might be a pain or a difficulty with a bodily function - for example someone with a chest infection is likely to find that their breathing is affected causing them some discomfort, whilst someone with schizophrenia may experience hallucinations which may cause them anxiety and problems concentrating.

People with mental illnesses or disorders may experience a wide range of symptoms which can vary in their severity. For example,
anxiety may be mild, or so severe that the person affected finds it impossible to concentrate on their work, watch TV, or perhaps will be unable to leave their home for months on end. Other examples of symptoms are difficulty sleeping, feeling hopelessness or guilt, or believing that other people are plotting against you - but as with anxiety, the extent to which different individuals are affected by these symptoms can vary enormously.

People with different illnesses or disorders will have different illness experiences, including:

- the types of symptoms experienced
- how daily life and ability to function 'normally' is affected
- and what types of treatment may be effective.
Symptoms of Psychosis

Psychosis can lead to changes in mood and thinking and to abnormal ideas. In order to try and understand the experience of psychosis it is useful to group together some of the more characteristic symptoms.

**Confused thinking**

Everyday thoughts become confused or don't join up properly. Sentences are unclear or don't make sense. A person may have difficulty concentrating, following a conversation or remembering things. Thoughts seem to speed up or slow down.

**False beliefs**

It is common for a person experiencing a psychotic episode to hold false beliefs, known as delusions. The person is so convinced of their delusion that the most logical argument cannot make them change their mind. For example, someone may be convinced from the way cars are parked outside their house that they are being watched by the police.
**Hallucinations**

In psychosis, the person sees, hears, feels, smells or tastes something that is not actually there. For example, they may hear voices which no one else can hear, or see things which aren’t there. Things may taste or smell as if they are bad or even poisoned.

**Changed feelings**

How someone feels may change for no apparent reason. They may feel strange and cut off from the world. Mood swings are common and they may feel unusually excited or depressed. A person’s emotions feel dampened and they may show less emotion to those around them.

**Changed behaviour**

People with psychosis may behave differently from the way they usually do. They may be extremely active or lethargic. They may laugh inappropriately or become angry or upset without apparent cause. Often, changes in behaviour are associated with the symptoms already described above. For example, a person believing they are in danger may call the police. Someone who believes he is
Jesus Christ may spend the day preaching in the streets. A person may stop eating because they are concerned that the food is poisoned, or have trouble sleeping because they are scared.

Symptoms vary from person to person and may change over time. Besides this other symptoms one has to look out for are as follows:

- self-destructive actions
- abuse of alcohol or other drugs
- withdrawal or distrust of friends and family
- short temper and argumentative
- loss of interest in daily activities
- inability to concentrate
- glazed or faraway stare and/or bizarre posturing
- decline in academic, athletic or job performance
- deterioration of personal appearance and hygiene
- inappropriate dressing for weather or occasion
- excessive changes in sleeping or wakefulness
- excessive changes in appetite--too little or too much
- excessive seeking of approval
• excessive writing of nonsensical or disconnected thoughts and words
• rapid, loud, disorganized speech
• boundless energy, enthusiasm, and need for activity
• impulsive and/or erratic behavior
**Perceptions in Psychosis**

- extreme or unusual sensitivity to light/colors/noise
- believing his or her thoughts are controlled by others
- fear of touching or being touched by others or things
- changed sense of self (believing body parts are diseased, detached, hanging, etc.)
- sense of body boundaries deteriorating
- hallucinations: either auditory (hearing voices) and/or visual (seeing something that is non-existent)
- certain clothing having unusual meaning

**Emotions/Feelings/Thoughts in Psychosis**

- extreme anxiety over the smallest things
- recurring attacks of panic or anxiety
- extreme guilt over "past sins" or bad conduct
- extreme pessimism and/or unceasing depression
- rapid switch to severe depression
- extremely low self-esteem
- inability to express or feel any emotion
- loss of motivation
• poor concentration
• suicidal thoughts
• paranoia towards everyone and everything
• delusions of power/wealth/knowledge
• grandiose ideas
• poor reasoning, memory, and judgment
• exaggerated, blunted or inappropriate emotional response (laugh/cry)

**First Episode Psychosis:**

First episode psychosis simply refers to the first time someone experiences psychotic symptoms or a psychotic episode. People experiencing a first episode may not understand what is happening. The symptoms can be highly disturbing and unfamiliar, leaving the person confused and distressed. Unfortunately negative myths and stereotypes about mental illness and psychosis in particular are still common in the community.

A psychotic episode occurs in three phases. The length of each phase varies from person to person.
**Phase 1: Prodome**

The early signs may be vague and hardly noticeable. There may be changes in the way some people describe their feelings, thoughts and perceptions, which may become more difficult over time.

**Phase 2: Acute**

Clear psychotic symptoms are experienced, such as hallucinations, delusions or confused thinking.

**Phase 3: Recovery**

Psychosis is treatable and most people recover. The pattern of recovery varies from person to person. In spite of common misperceptions, recovery from a first episode of psychosis is more probable than possible, and with the right help many never experience another psychotic episode.
Types of psychosis

Everyone’s experience of psychosis is different and attaching a specific name or label to the psychotic illness is not always useful in the early stages.

A diagnosis is a form of medical shorthand, which identifies the type of psychosis based on symptoms and course of the illness.

When someone is experiencing a psychotic episode for the first time it is particularly difficult to diagnose the exact type of psychosis. A firm diagnosis requires longitudinal consistency in the psychotic symptoms.

Drug-Induced psychosis

Use of, or withdrawal from alcohol and drugs can be associated with the appearance of psychotic symptoms. Sometimes these symptoms will rapidly resolve as the effects of the substances wear off. In other cases, the illness may last longer, but begin with a drug-induced psychosis.
Organic Psychosis

Sometimes psychotic symptoms may appear as part of a head injury or a physical illness which disrupts brain functioning. There are usually other symptoms present, such as memory problems or confusion.

Brief Reactive Psychosis

Psychotic symptoms arise suddenly in response to a major stress in the person's life, such as a death in the family or change of living circumstance. Symptoms can be severe, but the person makes a quick recovery in only a few days.

Delusional Disorder

In delusional disorder, the main symptom is a firmly held belief in things that are not true.

Affective Disorders

Affective disorders are the most common groupings of psychiatric disorders. The primary symptom is that of changed affect or mood. These mood disorders may be manic-depressive illness (bipolar), in
which the person swings between extreme high and low moods, or severe depression (unipolar) in which the person has persistent low moods. This happens when there is a disruption in normal brain processing. The most common affective disorder is depression. Some sources differentiate between reactive depression (in reaction to some traumatic life event) and endogenous depression (no apparent precipitating factor). Recent research suggests that all depressive symptoms may be triggered by the body's response to external events. Depression is most apt to strike people in the prime of life--ages 25 to 44, but can affect people of any age. With appropriate treatment, 80% of people with depression improve.

**Schizophrenia**

Schizophrenia refers to a psychotic illness in which the changes in behaviour or symptoms have been continuing for a period of at least six months. The symptoms and length of the illness vary from person to person. Contrary to previous beliefs, many people with schizophrenia lead fulfilling lives, with many learning to effectively manage their illness.
The medical cause is due to a chemical imbalance or structural changes in the brain. Research points to a genetic predisposition, as well as cultural, environmental and psychological factors. Schizophrenia generally occurs between the ages of 17 and 30, and rarely after age 45. People with schizophrenia do not have a "split personality." People experiencing an acute episode of schizophrenia have a sudden onset of severe psychotic symptoms, i.e. they are out of touch with reality, or unable to separate real from unreal experience. They can experience periods of a distorted sense of reality or ability to think, and also hallucinations and delusions. People with schizophrenia sometimes exhibit an emotion that is inconsistent with their speech or thoughts. They may show "blunted" or "flat" affect, i.e., a severe inability to express any emotion. While medications can usually control the most flamboyant symptoms of schizophrenia, none can cure it. People who have this illness benefit from a combination of medications and a variety of programs and therapies. One third of all people in treatment will recover completely. One third will improve, needing only occasional hospitalization. One third will have long-term, recurring schizophrenic episodes requiring hospitalization.
**Schizophreniform disorder**

This is similar to schizophrenia except that the symptoms have lasted for less than six months.

**Bipolar Disorder**

In bipolar disorder, psychosis appears as part of a more general disturbance in mood, in which mood is characterised by extreme highs and lows in mood. When psychotic symptoms are present, they tend to fit in with the person’s mood. For example, people who are depressed may hear voices telling them they should commit suicide. Someone who is extremely elevated in mood may believe they have special abilities, which are out of keeping with their normal functioning.

**Schizoaffective Disorder**

This diagnosis is made when the person has symptoms of both mood disorder and psychosis. The picture is not typical of either a mood disorder or schizophrenia.
Anxiety Disorders

When apprehension and tensions interfere with a person coping effectively with family, job, school or other demands of daily life, the condition must be regarded as a serious psychiatric disorder and should be treated as such. The group of illnesses includes phobias, panic disorders, post-traumatic stress syndrome and obsessive-compulsive disorders. Anxiety disorders often manifest themselves through such physical symptoms as excessive perspiration, shortness of breath, palpitations and rapid heart beats, dizziness, tension headache, and many other accelerated or slowed-down body functions. Probably no single situation or condition causes anxiety disorders. Rather, physical and environmental triggers often combine to create a particular anxiety illness. Medication, behavioral therapy, psychotherapy, or combinations are used to treat anxiety disorders.

Phobias range from simple phobias such as fear of specific objects or situations (fear of snakes or flying or of closed spaces) to agoraphobia, the fear of being alone in a public place where there is no escape (fear of being on a bus or in a crowded store). Panic disorders involve recurrent attacks of panic or anxiety. Obsessive-
compulsive disorders can result in ritualistic behavior involving cleanliness resulting in showering or washing hands excessively each day; repeating word patterns; overwhelming concerns about being meticulous; hoarding seemingly useless items which are repeatedly counted and stacked; or performing a series of complicated steps in an exact order or repeating them over and over again until the steps are done perfectly. Currently, researchers are exploring the linkages and differences between obsessive-compulsive disorder and depression.
Causes of Psychosis

A number of theories have been suggested as to what causes psychosis, but there is still much research to be done. There is some indication that psychosis is caused by a combination of biological factors in early development which creates a vulnerability to experiencing psychotic symptoms during adolescence or early adult life. Symptoms are triggered in response to stress, substance use or social changes in vulnerable individuals. Some factors may be more or less important in different individuals. In first episode psychosis the cause is particularly unclear. It is therefore necessary for the person to have a thorough examination to rule out other medical causes, and to make the diagnosis as clear as possible. This usually involves medical tests, as well as a detailed interview with a mental health specialist.

Early signs of psychosis:

A person may become

- suspicious
- depressed
- anxious
• tense
• irritable
• angry

A person may experience

• mood swings
• sleep disturbances
• appetite changes
• loss of energy or motivation
• difficulty in concentrating or remembering things

A person may feel

• their thoughts have sped up or slowed down
• things are somehow different
• things around them seem changed

Family and friends may notice when

• a person’s behaviour changes
• a person’s studies or work deteriorates
• a person becomes more withdrawn or isolated
• a person is no longer interested in socialising
• a person becomes less active
Families often sense that something is not quite right even though they don’t know exactly what the problem is.

These behaviours might be a brief reaction to stressful events like hassles at school or work or trouble with relationships. On the other hand they may be early warning signs of a developing psychosis. It is important that these behaviours are checked out.
Recovering from Psychosis

Sometimes people with psychotic symptoms are reluctant to seek treatment. Perhaps they believe there is nothing wrong, or hope the symptoms will go away without treatment. They may be concerned about the actual treatment or worried about what people may think. In recent years, research has led to the development of improved medications and therapies. A person with psychosis can be treated at home, with regular appointments at a mental health clinic. Home visits by a local mental health service can be arranged and if hospitalisation is required, this is usually only for a brief period. Psychosis is like any other illness, in that it is treatable. Most people make a good recovery.

What Will Treatment Involve?

The first phase of treatment involves assessment. This means having an interview with a mental health specialist, such as a psychiatrist, clinical psychologist, or community mental health nurse. The specialist will get to know the person, and will speak with family and friends to gain further information. Blood tests and x-rays can be performed to exclude a physical cause. The period of assessment
can be a bewildering time and a great deal of reassurance and
tolerance is needed. It is important to establish a trusting relationship
wherever possible.
Information obtained from the person with the psychosis and their
family and friends, together with any test results, will provide some
idea about the type of psychosis being experienced, and how the
person can best be helped.
Sometimes psychotic symptoms resolve rapidly and people resume a
normal life. Other people take several weeks or even months to
recover. Like any major illness, they may want to spend some time
recovering and they may wish to use a variety of treatment options.
Treatment options should be discussed with the person providing the
treatment, as they probably have a good professional knowledge of
what may or may not be helpful. Ultimately, determining the best
treatment will depend on factors such as personal preference, how
severe the psychotic symptoms are, how long they have been
present, and what the apparent cause is.
**Medication**

Medication is a crucial treatment for psychosis. Along with other forms of treatment, it plays a fundamental role in recovery from a psychotic episode and in prevention of further episodes. There are a number of different types of medication which are very effective in reducing the symptoms of psychosis and the anxiety and distress these symptoms can cause. Treatment should commence with a low dose of anti-psychotic medication. Details about how much to take and when to take it will be worked out with the doctor. Medication should be monitored and if side-effects develop the type of medication or the amount taken may need to be changed. This is critical in order to avoid distressing side-effects which can lead to a person being unwilling to accept medication which is central to their recovery.

**Counselling and Psychological Therapy**

Having someone to talk to is an important part of treatment. The exact method may vary to suit the individual and the phase of the psychotic episode. A person with acute psychotic symptoms may simply want to know there is someone who can understand their
experience and provide reassurance that they will recover. As the recovery phase progresses, a person may ask ‘why me?’, and in doing so learn practical ways to prevent further episodes, such as stress management and early recognition of warning signs.

**Practical and Psychosocial Assistance**

Treatment can also involve assistance with day-to-day things, such as getting back to school or work, gaining assistance with accommodation, or obtaining financial help. Treatment also means working with the person to identify what is important to them in their recovery. Treatment should not only be recovery-focussed, but also goal-focussed. This will vary from person to person, but may mean the goal of returning to school, getting a job, developing new interests, or meeting new people and making new friends. One-to-one counselling, group activities and activity based therapies can help a person to achieve these goals.

Importance of Psychosocial Treatments:

Antipsychotic drugs have proven to be crucial in relieving the psychotic symptoms of mental illness – hallucinations, delusions, and incoherence – but are not consistent in relieving the behavioral
symptoms of the disorder. Even when patients with schizophrenia for example are relatively free of psychotic symptoms, many still have extraordinary difficulty with communication, motivation, self-care, and establishing and maintaining relationships with others. Moreover, because patients with mental illnesses frequently become ill during the critical career-forming years of life (e.g., ages 18 to 35), they are less likely to complete the training required for skilled work. As a result, many with schizophrenia not only suffer thinking and emotional difficulties, but lack social and work skills and experience as well.

It is with these psychological, social, and occupational problems that psychosocial treatments may help most. While psychosocial approaches have limited value for acutely psychotic patients (those who are out of touch with reality or have prominent hallucinations or delusions), they may be useful for patients with less severe symptoms or for patients whose psychotic symptoms are under control. Numerous forms of psychosocial therapy are available for people with mental illnesses, and most focus on improving the patient’s social functioning – whether in the hospital or community, at home, or on the job. Some of these approaches are described here.
Unfortunately, the availability of different forms of treatment varies greatly from place to place.

**Rehabilitation**

Broadly defined, rehabilitation includes a wide array of non-medical interventions for those with mental illnesses. Rehabilitation programs emphasize social and vocational training to help patients and former patients overcome difficulties in these areas. Programs may include vocational counseling, job training, problem-solving and money management skills, use of public transportation, and social skills training. These approaches are important for the success of the community-centered treatment of mental illnesses, because they provide discharged patients with the skills necessary to lead productive lives outside the sheltered confines of a mental hospital.

The following combinations form a rehabilitation programme:

- *Individual Psychotherapy*

Individual psychotherapy involves regularly scheduled talks between the patient and a mental health professional such as a psychiatrist, psychologist, psychiatric social worker, or nurse. The sessions may focus on current or past problems, experiences, thoughts, feelings, or
relationships. By sharing experiences with a trained empathic person – talking about their world with someone outside it – individuals with schizophrenia may gradually come to understand more about themselves and their problems. They can also learn to sort out the real from the unreal and distorted. Recent studies indicate that supportive, reality-oriented, individual psychotherapy, and cognitive-behavioral approaches that teach coping and problem-solving skills, can be beneficial for outpatients with schizophrenia. However, psychotherapy is not a substitute for antipsychotic medication, and it is most helpful once drug treatment first has relieved a patient’s psychotic symptoms.

- **Family Education**

Very often, patients with schizophrenia are discharged from the hospital into the care of their family; so it is important that family members learn all they can about schizophrenia and understand the difficulties and problems associated with the illness. It is also helpful for family members to learn ways to minimize the patient’s chance of relapse – for example, by using different treatment adherence strategies – and to be aware of the various kinds of outpatient and
family services available in the period after hospitalization. Family “psycho education,” which includes teaching various coping strategies and problem-solving skills, may help families deal more effectively with their ill relative and may contribute to an improved outcome for the patient.

- **Occupational Therapy**

Occupational Therapy is aimed to bring about a major change in the execution of the rehabilitation plan. Regular sessions are divided into two parts, which are as follows:

Firstly, physical exercises that include exercises to improve fine motor skills and dexterity as well as hand manipulation.

Secondly, goal directed and purposeful activities which include activities for emotional gratification as well as pre-vocational and vocational activities. This is done through recreational activities, play therapy, diversion therapy, improvement in speech and vocabulary, improvement in general knowledge, improving functions of frontal and parietal lobe, creative use of individual talents through story writing, story telling, tailoring, singing, dusting, cleaning, gardening, painting etc
• **Group Therapy**

Through group discussions and simulation exercises, the recovering clients are educated about their illness and methods of coping with it. The activities undertaken in group therapy are mainly in the area of anger management, behavior modification, dependency and guilt alleviation, improving performance skills, building self esteem and confidence, improving inter-personal and intra-personal relationships, improving co-ordination of both upper and lower limb and eye-hand coordination, improving hand functions, skill development, help to improve personal hygiene and activities of daily living, gratification of needs, improving memory and recall and improving assertiveness.

• **Self-Help Groups**

Self-help groups for people and families dealing with schizophrenia are becoming increasingly common. Although not led by a professional therapist, these groups may be therapeutic because members provide continuing mutual support as well as comfort in knowing that they are not alone in the problems they face. Self-help groups may also serve other important functions. Families working
together can more effectively serve as advocates for needed research and hospital and community treatment programs. Patients acting as a group rather than individually may be better able to dispel stigma and draw public attention to such abuses as discrimination against the mentally ill.

Family and peer support and advocacy groups are very active and provide useful information and assistance for patients and families of patients with schizophrenia and other mental disorders.
**When Should Hospital Be Considered?**

Most people with psychosis can be supported at home by relatives or friends as long as they are provided with skilled and regular support from mental health professionals. First episode patients should be treated at home if possible, to minimise distress and disruption to the young person.

Home-based care can be provided by the local mental health service. Sometimes, however, there are benefits in spending a period of time in hospital before continuing with home treatment. Hospitalisation allows symptoms to be observed more fully, allows investigations to be carried out and helps with the start of treatment. Sometimes people request hospitalisation so they can rest and feel safe.

These days, hospitalisation is more commonly reserved for situations where psychotic symptoms are placing the person or other people at risk. For example, the person may be contemplating suicide. In such cases, hospitalisation allows assessment and treatment to be continued and ensures that the person is safe. In some cases, admission may need to be arranged against the person’s will or on an involuntary basis, at least in the beginning.
However, treatment at home is always resumed as soon as possible, after the acute crisis has passed.
**Significance of the study**

Everyone in the family is tied up if one member in the family gets afflicted with a chronic mental illness. It creates financial, physical and mental tension since the patient cannot meaningfully interact with the family and society.

As on now the attitude is that a generation of today’s senior psychiatric professionals are of the opinion that rehabilitation is something peripheral to psychiatric therapy, be it medication or psychotherapies and done to keep the patient occupied and not to get them better. Such attitudes are often spawned by ignorance of newer techniques of rehabilitation and reinforced by a strong belief that psychotropic medication holds the key to all treatment in psychiatry.

The above study would contribute to further importance and need for psychosocial rehabilitation for those recovering from psychosis. This would further help the psychiatric professionals to make necessary referrals. The study would also help one to understand whether an appropriate model for psychiatric rehabilitation, which is feasible, realistic, and at the same time culturally relevant could be evolved.
Accordingly, it can be decided whether such a model should be mainly work-oriented rehabilitation or function-oriented rehabilitation.

*Statement of the problem undertaken by the researcher:*
To study the impact of psychosocial rehabilitation in individuals suffering from psychosis in their functional recovery.

*Scope of the study:*
The researcher has limited the scope of the study to the city of Mumbai and Thane districts. The respondents were recovering clients of chronic mental illness attending day care centers, members of support groups, halfway homes, private hospitals and government hospitals.
Objectives of the study

• To identify factors which influence functional recovery in individuals suffering from chronic psychosis

• To investigate the impact of psychosocial rehabilitation following pharmacological treatment to achieve functional recovery in individuals suffering from psychosis

• To propose a life skills manual for addressing activities of daily living (ADL) for clients recovering from psychosis
Hypothesis

- Mentally ill (psychotic) clients show better prognosis and functional recovery when they have undergone psychosocial rehabilitation
- The earlier the rehabilitation after onset of the illness the better the functional recovery in clients with mental illnesses (psychosis)

Variables:

1. Independent variable:

In this case the independent variable is ‘Psychosocial rehabilitation’ which has the following criteria

- Occupational therapy
- Individual therapy
- Dance therapy
- Animal Assisted therapy
- Group therapy
- Vocational skills training
- Yoga
- Family support services
2. *Dependent variable:*

The dependent variable in this study would include ‘Functional recovery’. By giving the above therapies in a systematic manner the following can be achieved

- Personal hygiene that includes waking up in the morning, toilet behavior, taking bath, dressing, using cosmetics etc.
- Presentation of self that includes dressing, cleanliness, clothes, hair, feet, nails, footwear etc.
- Presentation of self to the outside world such as linguistic skills and numerical skills
- Para linguistic behavior that includes tone, pronunciation, etc.
- Body language that includes eye-to-eye contact, facial expressions, posture, etc.
- Conversational skills like initiativeness to talk, spontaneity, reaction time etc.
- Ease with traveling independently
- Relative ease at handling simple tasks like finding an address, handling money, running errands, ability to handle bank or post office work etc.
• Increased family support due to reduced expressed emotions
• Prevention of relapse

*If the entire skills are achieved the individual is under full remission; if 50% of these skills are achieved the individual is under partial remission and if non of the above are achieved the individual is under no remission.*
**Operational Definition of concepts:**

<table>
<thead>
<tr>
<th>Concept</th>
<th>Operational definition</th>
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<tbody>
<tr>
<td>Mental illness</td>
<td>A mental illness or mental health problem is a health condition characterized by alterations in thinking, mood, or behavior (or some combination) associated with distress and or impaired functioning</td>
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<tr>
<td>Biochemical</td>
<td>Chemical substances present in cells of living organisms</td>
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<tr>
<td>Schizophrenia</td>
<td>Schizophrenia is a mental disorder characterized by &quot;positive&quot; and &quot;negative&quot; symptoms. Psychotic, or positive, symptoms include delusions, hallucinations, and disordered thinking (apparent from a person's fragmented, disconnected and sometimes nonsensical speech). Negative symptoms include social withdrawal, extreme apathy, diminished motivation, and blunted</td>
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<td>Chronic</td>
<td>Having an illness which is long lasting</td>
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<tr>
<td>Acute</td>
<td>Critical, serious</td>
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<td>Medication Therapy</td>
<td>Prescription, administration, assessment of drug effectiveness, and monitoring of potential side effects of psychotropic medications.</td>
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<tr>
<td>Symptoms</td>
<td>A change in the body or mind which is the sign of an illness</td>
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<td>Latrogency</td>
<td>To reduce a patient's dependence on pharmacological treatments</td>
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<tr>
<td>Individual Therapy</td>
<td>Therapy tailored for a patient/client that is administered one-on-one.</td>
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<tr>
<td>Group Therapy</td>
<td>This form of therapy involves groups of usually 4 to 12 people who have similar problems and who meet regularly with a therapist. The therapist uses the emotional interactions of the group's members to help them get relief from distress and possibly</td>
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<tr>
<td>Services</td>
<td>Description</td>
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<tr>
<td>Vocational counselling</td>
<td>Services that include job finding/development, assessment and enhancement of work-related skills, attitudes, and behaviors as well as provision of job experience to clients/patients. Includes transitional employment.</td>
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<tr>
<td>Family Support Services</td>
<td>Help designed to keep the family together, while coping with mental health problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parenting training, crisis services, and respite care.</td>
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<tr>
<td>Psychosocial rehabilitation</td>
<td>Therapeutic activities or interventions provided individually or in groups that may include development and maintenance of daily and community-living skills, self-care, skills training includes grooming, bodily</td>
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<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Psychiatrist</td>
<td>A psychiatrist is a professional who completed both medical school and training in psychiatry and is a specialist in diagnosing and treating mental illness.</td>
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<tr>
<td>Functional recovery</td>
<td>Clients who recover as needed to perform day to day tasks with relative ease</td>
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<tr>
<td>Prognosis</td>
<td>An opinion about how an illness is likely to develop</td>
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<tr>
<td>Onset</td>
<td>The beginning of something (an illness)</td>
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<tr>
<td>Occupational therapy</td>
<td>The use of certain activities and crafts to help some one recover from an illness</td>
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<tr>
<td>Maintenance drug therapy</td>
<td>To keep the patient on check and in the same state by giving him some drugs</td>
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<tr>
<td>Diagnosis</td>
<td>Identification of which illness a person is suffering from by examining the symptoms</td>
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<td>Day care centre</td>
<td>Day care includes special education, counseling, parent training, vocational</td>
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<tr>
<td>Half way home</td>
<td>Facilities that provide treatment 24 hours a day and can usually serve more than 12 young people at a time. Treatment may include individual, group, and family therapy, behavior therapy, special education, recreation therapy, and medical services. Residential treatment is usually more long-term than inpatient hospitalization. Centers are also known as therapeutic group homes.</td>
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