

## Recovery process for mentally disabled individuals A case report of outreach team supporting their community life

Satoko Tanaka<sup>1)\*</sup>, Toshiyuki Ueda<sup>2)</sup>, Yuka Okada<sup>3)</sup>, Chiaki Fukuoka<sup>4)</sup>, Teruhisa Yasuoka<sup>5)</sup>,  
Sumiko Shimizu<sup>5)</sup>

1) Department of Clinical Psychology, NHO Tottori Medical Center

2) Department of Psychiatry, NHO Tottori Medical Center

3) The 6th Ward, Department of Nursing, NHO Tottori Medical Center

4) Local Medical Collaboration Unit, NHO Tottori Medical Center

5) Local Medical Collaboration Unit, Department of Nursing, NHO Tottori Medical Center

\*Correspondence: 876 Mitsu, Tottori, 689-0203

### Abstract

In this article, we present a case that our outreach team involved, and discuss the recovery process for mentally disabled individuals and assistance needed in such process in the light of the four stages of recovery of “hope,” “empowerment,” “self-responsibility,” and “having a meaningful role in life,” proposed by Ragins (2005)<sup>1)</sup>. We hope that this article will serve as a reference to improve support for them in the future. The patient A in this case was discharged from hospital and faced loneliness and deprived social role. He started to desire for employment and marriage. In order to advocate his “hope,” the team assisted his recovery process toward “self-responsibility” and “having a meaningful role in life” through “empowerment” and encouraging him to consider real-life problems. He lived in the community with his wife supporting each other against the hardships borne in the daily life. This case highlighted the importance in the recovery process of the mentally disabled individuals of supporting their personal choice even though it may have a risk, and assisting them to overcome hurdles of real-life events. We argue that it is crucial in the recovery process of the mentally disabled individuals living in the community to assist them with consideration on their real-life problems as far as possible to make a decision/choice by themselves, and thereby fulfilling their “self-responsibility” and “role” founded on the their own decision. Tottori J. Clin. Res. 8(2), 156-160, 2017

Key Words: mentally disabled, outreach team, recovery, community living assistance.

### I. Introduction

The concept of “recovery”<sup>2)</sup> from severe mental disorders such as schizophrenia has been widely accepted in the clinical setting of mental health and welfare. In the US, the President’s Commission of mental health published a report in 2003, and proposed that American mental health system should sit its emphasis on recovery from mental illness<sup>3)</sup>. In Japan, in 2004, the Ministry of Health, Labour and Welfare presented a reform of policies for mental health and welfare, from focusing on hospitalized medical treatment to focusing on the community life. Since then, those discharged from a long period of hospitalization have been encouraged to live in the community while utilizing various community life supports and services. This shift from chronic hospitalization to the community life

served as a momentum for disseminating the concept of recovery for mentally disabled individuals in Japan.

Deegan<sup>4)</sup>, Ph.D. in Psychology, a leading authority of promoting the concept of recovery, had schizophrenia herself and stated that “recovery” does not mean a recovery from the illness for patients, but a recovery from the lack of autonomous decision making and situations where one’s goal setting are not respected. In other words, “recovery” may signify a recovery of a sense of autonomous decision making for their own life while having a normal life in the community after being discharged from long hospitalization. Therefore, for mentally disabled individuals, “recovery” is considered as a process toward regaining freedom and responsibility that all humans should have, while for supporters for their community life, the concept of recovery can