



Assessing people with psychiatric rehabilitation needs

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In this module, we have outlined the overall purpose of assessment and presented a useful framework for guiding the assessment of rehabilitation needs. Whilst this module is primarily intended for those working in specialist mental health services it may serve as a useful guide for all clinicians working with treatment resistant psychosis.

The assessment process should enable clinicians to answer the following questions:

1. What do the assessment findings tell us about how ready this person is to engage in the process of rehabilitation?
2. How likely is this person to benefit from individualised rehabilitation treatment approaches?
3. What is preventing this person from maintaining independent living and having a good quality of life?
4. What do we need to do in order to maximise their chances of being able to do this and/or what are their likely placement needs?

A comprehensive assessment is an essential starting point to making the most effective use of the limited specialist resources available to people with enduring severe mental illness. At a broader level, assessment should aim to both inform service development and promote the evolution of innovative practice. It should aim to define realistic service aims and user goals that promote participation.

A useful model for assessing needs is the WHO International Classification of Functioning model (ICD1H-2). This model covers four main areas used to define a person's functioning:

- pathology
- impairment
- activities
- participation (previously termed 'handicap').

When assessing the complex requirements of individuals with rehabilitation needs, care should be taken to identify those most relevant to the service users' life and may include everything from basic human needs (clothing, shelter, warmth) through to more complex needs (being connected to others, having religious and cultural needs met). A consideration of what promotes mental health is useful here. A recovery focus is of

increasing importance, involving consideration of personal goals, hopes, aspirations and motivation for self-management.

Personal characteristics and the person's development history are likely to be important determinants of how service users both respond to and are able to make use of rehabilitation efforts.

Assessment of physical health, usually in collaboration with primary care, is now mandatory and receives a strong emphasis in the NICE guidelines for the treatment of schizophrenia. Teams should work in collaboration with their local primary care services and agree responsibilities for this area of assessment.

Assessing positive symptoms is useful not only for diagnostic purposes but also for the purpose of symptom specific psychosocial interventions such as cognitive therapy. Assessment of negative symptoms can be more problematic, but is particularly important as they are often associated with a poorer long-term prognosis.

Assessment may usefully begin with a review of the person's notes and administration of a screening tool, to aid diagnosis, to identify specific symptoms for more focused assessment and to allow subsequent monitoring of any progress. The person's engagement with services and treatments and the stage of recovery are important considerations here.

Risk assessment is increasingly important to all clinicians. It is always a probabilistic judgement and consequently there will always be false positives and false negatives. It is generally accepted that clinicians consistently overestimate risk and often pay attention to the wrong risk factors. A thorough risk assessment should routinely involve consideration of three types of factors:

- static/historical factors
- dynamic stable factors
- dynamic acute factors.

Challenging behaviours are broader than risk behaviours in that they can include behaviours which limit the person's access to community facilities or social networks (e.g. bizarre behaviour or poor personal hygiene), yet such behaviours may not be a risk to self or others. Applying a behavioural functional analytic model may be useful in assessing challenging behaviour. Such an assessment must take account of the phenomenological factors relevant in psychosis (e.g. voices and delusions) and focus on the distinction between internal and external triggers and consequences.

A formulation can be useful in drawing together the findings of an assessment, highlighting key areas of need, and potential treatment. The five useful key elements of a formulation (the 'Five Ps') are:

- presenting issues
- predisposing factors
- precipitating factors
- perpetuating factors
- protective factors.

When considering a hierarchy of treatment needs, the importance of managing risk to self or others is paramount; particularly as restrictions and treatment orders will inherently inhibit participation in valued activities.

Where possible, goals should be developed collaboratively with the client. Clear and relevant goals should be defined in *action terms*. They should be: **concrete, measurable, observable** and **relevant**. One method for clearly defining such goals and translating longer-term goals into day-to-day care plans for staff is Goal Attainment Scaling.