American Journal of Psychiatric Rehabilitation Expert Opinion Article

Community-Based Psychiatric Rehabilitation: Examining the Effectiveness of Holistic Recovery Models

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ABSTRACT

Community-based psychiatric rehabilitation now serves as a key method to help mental health patients recover through complete care instead of basic psychiatric treatment. The traditional symptom management through medication and emergency hospitalization fails to achieve long-term wellness so community-based psychiatric rehabilitation implements multiple professional intervention models to develop enduring wellness. This research evaluates how complete recovery methods help patients in psychiatric rehabilitation by studying psychosocial rehabilitation and peer support with community participation. Research indicators show that patients achieve better outcomes when their treatment includes employment-related services together with secure housing and therapeutic interventions like mindfulness-based cognitive therapy and art therapy because these factors enhance patient independence and decrease the chance of falling back into illness. Peer support groups help people regain their power and fight stigma which makes it easier for them to return to society. Evidence-based strategies together with standardized frameworks should be implemented into community mental health services to achieve consistent and effective operations. Future research needs to test new digital rehabilitation tools and team-based healthcare teams to make community-based psychiatric rehabilitation work better. Patient-centered and strength-based methods of community-based psychiatric rehabilitation create fundamental changes to mental health care while maintaining sustainable patient recovery and enhancing their quality of life.

Keywords: Community-Based Psychiatric Rehabilitation, Holistic Recovery Models, Mental Health, Psychosocial Rehabilitation, Patient-Centered Care

1. INTRODUCTION

The global healthcare system faces severe strain due to millions of people who suffer from depression as well as schizophrenia and bipolar disorder and anxiety disorders which are classified as mental health disorders. The World Health Organization (WHO) reports that mental illnesses create 14 percent of global health challenges and depression will surpass any other disability by 2030 [1]. Traditional psychiatric care primarily depends on drug treatment together with emergency medical facilities although both methods contribute essentially to treatment yet neglect vital aspects related to community recovery and occupational support. People with severe mental illnesses (SMI) commonly face elevated relapse rates together with social isolation and unemployment and problems reentering society [2].

Community-Based Psychiatric Rehabilitation (CBPR) represents a new method which corrects traditional psychiatric care models through comprehensive patient healing systems. The integrative model of CBPR combines health and psychological care with social treatment while prioritizing independence and social connection and self-autonomy enhancement [3]. CBPR differs from conventional institutional care since it helps people build independence through self-determination while fostering social engagement and unlocking their personal potential according to present mental health recovery models [4].

These other components of CBPR include; psychosocial rehabilitation, peer support, vocation and education, housing, and interprofessional complementary therapy including mindfulness and arts therapy. Based on these facts, these interventions have been associated with advances in the recovery of psychotic symptoms, enhancement of quality of life, and overall decreased need for hospitalization [5]. According to IPS employment models and Housing First strategies and peer support self-help organizations improve quality of life and recovery among persons with psychiatric disabilities [6]. In addition, CBPR is a shift toward the person-centered and strength approach orientated to dealing with mental disorders, which takes into account that each patient should receive the program and individualized plan of treatment with regard to their personality and cultural background. The use of telepsychiatry and mobile based mental health interventions among others has help to increase the reach of CBPR beyond the clinical visit making it easily accessible and sustainable in the continuity [7].

This paper aims at critically assessing the applicability of holistic recovery models in community based psychiatric rehabilitation. It discusses the role of psychosocial rehabilitation, working with communities, vocational and housing

services, and integrate approaches to promote long-term recovery. It also discusses the current issues in the implementation of CBPR and the need for research-based approaches to improve service provision. Accordingly, CBPR offers a new form of hope in psychiatric care that allows for a proper transition between treatment and community to ensure better functional outcomes accompanied by increased autonomy and social reintegration.

2. COMMUNITY-BASED PSYCHIATRIC REHABILITATION: AN OVERVIEW

CBPR has been identified as a significant model in the management of SMI as it focuses on recovery, reintegration, and quality of life of the affected individuals. Unlike conventional mainstream medical model of treatment that offers drug therapy, short hospital stays and mere custodial care, CBPR prescribes communal, empowering and recovery-oriented approaches and programs [8]. This is in line with the recovery model of mental health services that supports client-centered, recovery, and empowerment models to enhance the well-being of those with mental illnesses [3]. CBPR is based on a multidisciplinary approach that includes psychosocial, medical, occupational, and housing support to address the rehabilitation needs of the patients. The elements of CBPR are as follows:

2.1 Psychosocial Rehabilitation (PSR)

Psychosocial Rehabilitation (PSR) is one of the core components of CBPR that focuses on improving cognitive, emotional, and interpersonal functioning of the people with mental illness. PSR programs provide life skills training, vocational rehabilitation, cognitive remediation therapy (CRT), and structured social skills training (SST) to enable the clients to acquire skills that will enable them to live independently and work effectively in the community [9]. Research-all show that, structured PSR interventions enhance the facet of cognitive flexibility, problem solving and social integration therefore leading to low relapse rates and enhancement of long-term results [10].

2.2 Peer Support Programs

Peer support services involve the use of individuals in recovery to offer support to other individuals who are in the process of rehabilitation from psychiatric disorders. The study has shown previous peer support effective contribution in the improvement of self- efficacy, medication compliance and general psychological well-being through demystification of stigma as well as group association [11]. Peer support services are commonly used in assertive community treatment (ACT) and clubhouse programs where people with schizophrenia engage in social and vocational activities in a supportive setting [12].

2.3 Holistic Therapeutic Approaches

CBPR interventions focus on the non-medical approaches that help to improve the emotional well-being and cognitive abilities of the patient. These interventions include:

2.3.1 Mindfulness-Based Cognitive Therapy (MBCT): Effective in reducing stress, anxiety and relapse rates in people with recurrent depression and psychotic disorders [13].

2.3.2 Creative Arts Therapies (Music, Art, and Drama Therapy): Improve emotional expression, cognitive processing, and social engagement, particularly in individuals with schizophrenia and bipolar disorder [14].

2.3.3 Exercise and Nutrition Programs: Exercise has been found to have a positive effect on the reduction of psychiatric symptoms, mood and cognitive function while nutritional psychiatry focuses on the use of diet in the management of mental disorders [15].

2.4 Housing and Employment Support

Housing and work are two of the most important aspects of the process of rehabilitation of patients with psychiatric disorders. The main objective of this manuscript is to discuss how mood disorders lead to housing vulnerability and unemployment among patients, which are major factors that cause social marginalization and hinder recovery [16]. CBPR incorporates other models which include:

2.4.1 Housing-First Approach: It is an approach that focuses on providing permanent housing for the homeless without any prerequisite, which has been found to enhance mental health and reduce homelessness among people with SMI [17].

2.4.2 Individual Placement and Support (IPS) Model: A vocational rehabilitation model that focuses on the employment of the clients in competitive jobs while offering them support rather than insisting on pre-training before employment [18]. Literature review has revealed that IPS increases work attendance and earnings among people with schizophrenia and MDD [19].

2.5 Community Integration and Social Inclusion

Another important concept of CBPR is social reintegration, which aims at minimizing prejudice, encouraging people's participation, and integration. Community-based mental health workshops, advocacy groups, and psychoeducational programs are some of the ways through which a positive society is developed to support people with mental illness to live productive lives. Newer studies also mention that mobile applications, telepsychiatry services and

other similar technologies should be considered as effective means to deliver psychiatric rehabilitation support in the community, including rural areas that are not well served [20]. CBPR is a new model of psychiatric treatment that aims at the restoration of the patient's ability to function rather than the alleviation of symptoms. CBPR improves the self-employment, self-esteem, and sustainability of people with psychiatric disorders through the inclusion of psychosocial support, peer participation, and other comprehensive approaches such as employment and housing. However, more studies are required to develop the CBPR guidelines and enhance the delivery of services to make them more accessible and sustainable in various healthcare contexts.

3. HOLISTIC RECOVERY MODELS IN PSYCHIATRIC REHABILITATION

CBPR is a comprehensive approach to the treatment of SMI that combines various forms of therapy to help the clients regain their ability to function and reintegrate into society. In contrast to the medical model that is based on the medical model of treatment, which aims at the reduction of symptoms, holistic recovery models are based on psychological, social, vocational, and lifestyle approaches to improve the quality of life and long-term recovery [21]. These models focus on the recovery model of mental health that is individual and personal centered and acknowledges the complexity of the process. This part focuses on the main components of holistic recovery models and the ways in which includes the current elements such as psychosocial rehabilitation, peer support, employment, housing, and integrative therapies lead to the improvement of those outcomes.

3.1 Psychosocial Rehabilitation (PSR)

Psychosocial Rehabilitation (PSR) is an essential part of the recovery-oriented service delivery models which aims at enabling the clients to acquire interpersonal skills, emotional management skills, and coping strategies for social and vocational reintegration. PSR programs are designed to decrease the severity of psychiatric symptoms, increase self-esteem, and reintegrate the patient into society through organized programs [22]. Key components of PSR include:

3.1.1 Cognitive Remediation Therapy (CRT): Focuses on the cognitive impairments in schizophrenia, bipolar disorder, and major depressive disorder to enhance the patient's memory, attention, and problem-solving skills [9].

Figure 1. Cognitive Behavioral Therapy [23]

3.1.2 Social Skills Training (SST): This is a form of training that is used to enhance communication skills, emotional quotient and interpersonal relationship skills that are vital in reintegration process [24].

3.1.3 Occupational Therapy: Helps people to gain practical skills in order to increase their level of self-sufficiency in performing daily tasks. Several researches have revealed that structured PSR interventions have an impact on the reduction of the hospitalization rate, on improving the daily life and

on promoting adequate outcome in the long-term functioning of the psychiatric disorder [25].

3.2 Peer Support and Community Engagement

Peer support services involve the use of individuals who have had personal experiences of mental illness to offer support to other individuals who are in the process of recovery. Studies show that peer support programs are useful in decreasing the hospitalization of patients with psychiatric disorders, enhancing the use of medication, and empowering the patients [13]. Peer support interventions include:

3.2.1 One-on-One Peer Counselling: It involves the provision of individual advice and counselling.

3.2.2 Group Support Sessions: Foster community engagement and shared experiences.

3.2.3 Recovery-Oriented Clubhouse Models: provide organized activities, vocational training, and consumer-operated support in a social context [11].

Community participation also helps in the recovery process of mental health since it helps in the reduction of stigma, social isolation and provision of support. This, healthy lifestyle, advocacy campaigns, self-help groups and other related projects and activity in the community make a significant contribution to demystifying mental diseases and creating understanding [26].

3.3 Employment and Vocational Rehabilitation

It is known that employment is a major predictor of recovery as it gives a chance to be financially stable, to fit in the society and have a meaning of life On the other hand. However, people with psychiatric disorders are discriminated, stigmatized, and denied employment chances due to their conditions [27]. Outcome-oriented approaches of care embrace the concept of a comprehensive bio-psychosocial rehabilitation model that includes several vocational rehabilitation programs which are as follows:

3.3.1 Individual Placement and Support (IPS): A specific model of employment support that involves obtaining competitive employment first and then providing support in the workplace second [28].

3.3.2 Supported Employment Programs: Provide Supported Education, Training (SET) tuition, coaching and other supports for employees to sustain employment.

3.3.3 Skill Development and Educational Programs: Offer technical, cognitive, and interpersonal skills to enhance the integration of the workforce [29].

Studies have shown that clients participating in integrated supported employment and individual placement support have increased rate of employment, economic independence and better psychological well-being [30].

3.4 Housing Stability and Recovery

Housing is one of the intermediate needs that are elemental to the process of psychiatric rehabilitation and control of the disease, which determines the quality of life, mental state, and social adaptation of a patient. About 30% of homeless people count on psychotic disorders, and most of the patients experience homelessness and precarious physical conditions and inadequate access to adequate housing and supportive services. Housing-first models have been identified as a very effective strategy in dealing with these issues because they do not require any prerequisite to be met before one is housed [31]. In contrast to the conventional housing programs that demand the clients to abstain from alcohol or adhere to psychiatric treatment before they can be housed, housing-first programs focus on housing first and then offering voluntary support services [20]. Key components include:

3.4.1 Permanent Supportive Housing (PSH): It embraces permanent housing that aims at providing long-term housing with the support of treatment on mental health and substance usage.

3.4.2 Transitional Housing Programs: It offers a shelter for clients who are in early stages of the recovery process accompanied with life skills education.

3.4.3 Case Management and Wraparound Services: Coordinate and implement services on behalf of clients and ensure a follow up in a bid to avert relapse to homelessness. Research has also established that, housing-first approach is effective in lowering cases of readmissions, compliance to usage of prescribed drugs, and the general well-being of people with SMI [17].

3.5 Integrative Therapies in Holistic Recovery

Therefore, the holistic approaches to recovery include complementary and alternative therapies which contribute to improving the overall individual's mental, emotional, cognitive and physical health. These include:

3.5.1 Mindfulness-Based Cognitive Therapy (MBCT)

- MBCT is one of the most empirical forms of treatment that incorporate both cognitive therapy and mindfulness to prevent the relapse of depression and considerations of anxiety disorders.
- Research shows that MBCT has an effect of reducing stress, improving the ability to regulate emotions and increasing psychological well-being [32].

Figure 2. Mindfulness-Based Cognitive Therapy Techniques [33]

3.5.2 Art and Music Therapy

• Art and music therapy are two forms of creative therapies that are used in the treatment process to help the patient express and process emotions and engage cognitively.

• These therapies have been found to enhance social skills, decrease anxiety, and enhance the brain plasticity of the patients with psychiatric disorders [34].

3.5.3 Exercise and Nutrition Programs

• Some of the benefits of physical activity include, improved mental health and wellbeing, decrease in psychiatric symptoms and improvement in moods and exercising has been proved to have neurological impact on the body.

• Nutritional psychiatry is a concept that deals with the dietary approaches that help in modulating the gut-brain axis and the neurotransmitter levels for better mental health [35]. Another kind of approach combines such complementary therapies and is used as supplementation to enhance traditional psychiatric rehabilitation to achieve better long-term effects [36].

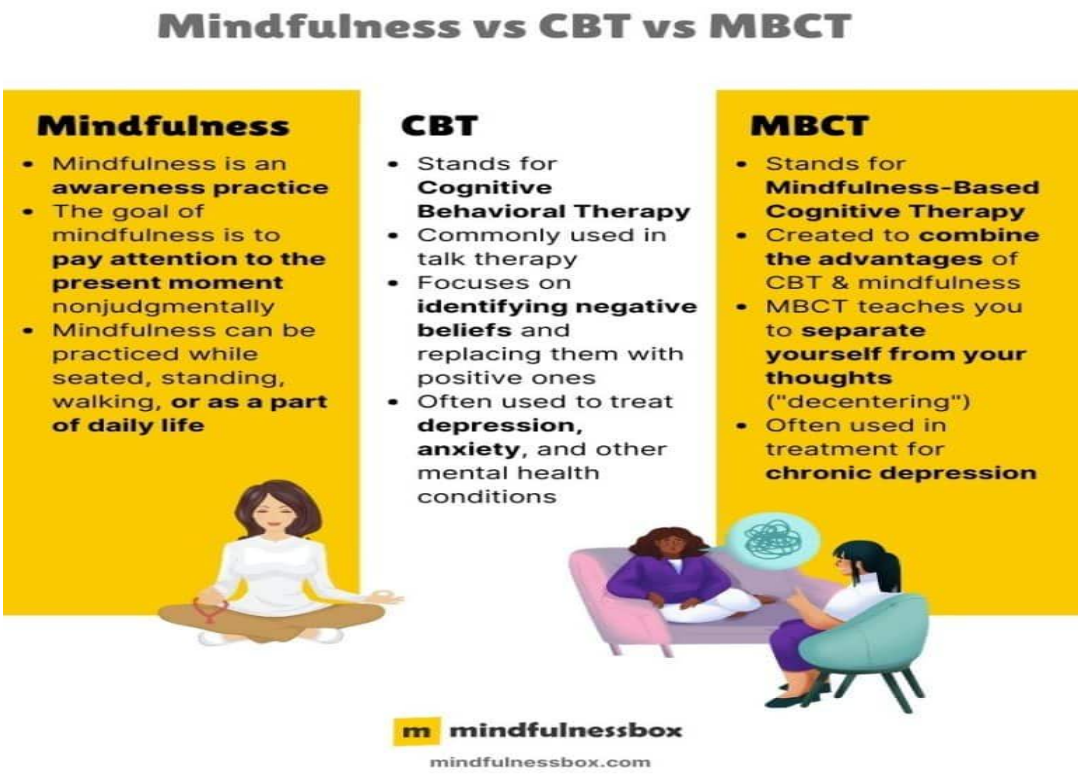

Figure 3. Mindfulness vs CBT vs MBCT [37]

4 EFFECTIVENESS OF HOLISTIC RECOVERY MODELS IN COMMUNITY-BASED PSYCHIATRIC REHABILITATION (CBPR)

The review also shows that the CBPR has a strong empirical support for the holistic recovery models. These models include psychosocial, peer support, vocational rehabilitation, housing first, and other forms of therapy to address the different aspects of mental health recovery [38]. A considerable advantage of the holistic approaches is that it concentrates on functional recovery, the community reintegration, and, therefore, long-term sustainability for patients with mental disorders rather than on the traditional, frequently criticized model of the psychiatric treatment, which is focused on the alleged curing of symptoms. In this section, several authors' research on the effectiveness of recovery models in psychiatric rehabilitation will be discussed.

4.1 Reduced Hospitalization Rates and Relapse Prevention

Admissions to the hospital for psychiatric disorders are required in cases of mental health emergencies, but multiple readmissions are indicative of treatment non-response, inadequate community care, and absence of follow-up care. Integrated care models have been shown to be useful in decreasing the readmission and emergency psychiatric admission rates since they address the psychosocial and environmental factors that lead to relapse [39]. Some of the factors that help in reducing the hospitalization rates are as follows:

4.1.1. Assertive Community Treatment (ACT): This is an assertive, multidisciplinary case management for people with severe mental disorders that helps to decrease the number of emergency hospitalizations and crises [40].

4.1.2 Peer Support Programs: Research shows that peer support for mental health reduces the relapse rate by promoting self-management and coping mechanisms [41].

4.1.3 Supported Housing Programs: The evidence shows that supported housing decreases the level of psychiatric symptoms and the number of hospitalizations of people with schizophrenia, bipolar disorder, and depression [6].

One of the other studies revealed that enrolment in psychosocial rehabilitation programs within the community setting reduced the risk of re-hospitalization for psychiatric disorders by 43% as compared to standard care only [42]. In another meta-analysis one pointed out that only the CBPR models where the patient is empowered to do some part of the intervention decreased inpatient psychiatric days by 38 percent within two years [4].

4.2 Improved Social Functioning and Community Reintegration

Social exclusion is a significant challenge to the recovery process of people with psychiatric disorders as they experience loneliness, low self-esteem, and a deterioration of their condition. The application of MACM and MDT reflects the holistic approach which encourages values such as social integration, peers support and community relevant forms and supports for reintegration in the community [43]. Some of the findings on the improvements in social functioning are as follows:

- ***Improved Communication:*** Programs that employs the social skill training (SST) and structured psychosocial intervention enhance communication skills, emotional and interpersonal competencies, and interpersonal relation competencies [10].
- ***Greater Community Participation:*** People with mental illness spend more of their time at recovery-oriented clubhouses and vocation and mental health advocacy groups, thus improving on the status of feeling unnecessarily stigmatized and isolate themselves [7].
- ***Established Support System:*** The friendships formed in support groups help uplift those they are supporting and improve their self-esteem.

A study on CBPR programs did reveal that the participants who were engaged in structured social activities said they had 57 % improvement when it came to social activity compared to other people having to go through psychiatric treatment only. Another study also pointed out that participants of peer support groups were 2.3 times more likely to have good social relations than the non-participants [4].

4.3 Enhanced Quality of Life and Psychological Well-Being

One of the main objectives of psychiatric rehabilitation is to improve the quality of life (QoL) of the clients and make them productive and meaningful members of the society. The recovery-oriented approaches emphasize not only the absence of symptoms but also such aspects of recovery as employment, housing, personal development, and self-management [44]. Some of the factors that have contributed to the improvement of quality of life are:

- ***Employment and Financial Stability:*** According to the research, people who are in supported employment like IPS, are more financially stable and have better self- esteem [45].
- ***Physical and Emotional Health Benefits:*** Services such as exercise related programs, MBCT and Nutritional Psychiatry are employed to enhance moods, cognition and general health of the patient [46].
- ***Empowerment and Autonomy:*** Recovery procedure treatment approach which stresses on patient's freedom and main decision-making

approaches of the individual appears to have a positive correlation with the general well-being and feelings of the patients [47].

Typically, for instance, a randomized controlled trial revealed that the participants, who engaged in the CBPR programs that involved the use of holistic approaches to intervention, recorded a 45% improvement in the levels of life satisfaction compared with the clients receiving mere psychiatric treatment [48]. In addition, an assessment of mental health recovery purposeful activity shows that those receiving community-based interventions that involve vocational, housing, and integrative therapies have improved well-being scores in comparison to patients who are treated with medicines only [49].

4.4 Additional Findings: Digital Innovations and Future Directions

As the use of technology in health interventions has increased, technology has also started to feature in CBPR models. Recent studies show that mHealth apps, telepsychiatry, and artificial intelligence mental health applications offer further long-term care for people diagnosed with psychiatric disorders [50].

• Telehealth for Psychiatric Rehabilitation: The use of online platforms for therapy and support groups enhances the availability of mental health services especially to the rural and other underprivileged areas [51].

• Monitoring Mental Health: Machine learning models help in identifying the risk of relapse and provide recommendations to improve the patient's prognosis [52].

The incorporation of digital solutions into the CBPR frameworks is anticipated to improve the recovery rates, offer sustainable interventions, and improve the psychiatric rehabilitation services in the future.

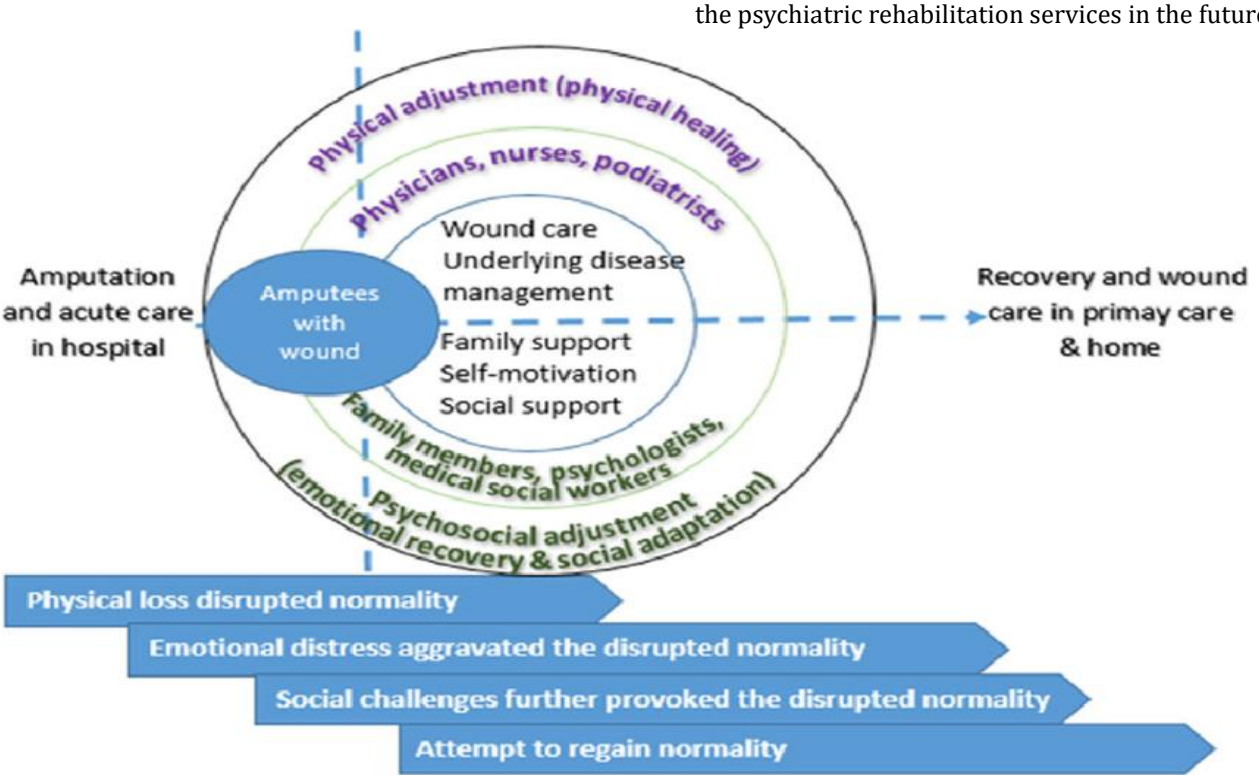

Figure 4. Interdisciplinary care model for physical and psychosocial adjustment [53]

5. CHALLENGES

CBPR proven successful as an intervention tool and holistic recovery has supported the enhancement of psychiatric rehabilitation. However, their implementation is not without some challenges that need to be overcome to improve the situation.

5.1Limited Funding and Resources

Most of the community-based mental health programs are financially challenged, and therefore, they are unable to provide all the services that are required. Factors such as lack of funding limit the area coverage and specialized staff to conduct Enumeration scans, equipment/facility to accommodate and diagnose diseases, and adequate therapeutic supplies to manage these patients. A study conducted in the recent past revealed that the community-based psychiatric rehabilitation services are scarce in LMICs and this affects the services and the patients [54].

5.2Stigma and Social Barriers

Stigma related to mental illness is a major barrier to the reintegration of such individuals into the society.

Prejudice and stereotype can result in discrimination, social exclusion, and non-compliance among people in terms of seeking assistance. This stigma does however not only pertain to those with mental health conditions, but also has an impact on public policy and funding on mentally ill people subsequent to this creating a vicious cycle of under-funding. According to the literature, stigma continues to be a major factor that hinders people with mental illness from seeking treatment and acceptance from their communities [55].

5.3 Need for Standardized Protocols

Lack of standard procedures in the application of comprehensive recovery models results in variations in the quality of services and the outcomes. Lack of guidelines may lead to variation in the implementation of programs and thus, the kind of support offered to individuals. Standardization is crucial to guarantee that all the participants get the right treatment that has been proven to be effective. A systematic review stressed the need for the implementation of evidence-based practices for improving the quality of community mental health services [44].

6. FUTURE DIRECTIONS

The future research should aim at establishing guidelines, improving collaboration between professionals, and using technology in the delivery of tele-rehabilitation.

6.1 Development of Standardized Frameworks

It is possible to develop clear and evidence-based guidelines that would help to apply the principles of the recovery approach systematically in various contexts. These should include the best practices, culturally sensitive practices, and measurable outcomes to ensure that the services are delivered in a standard and effective manner. The use of standard procedures can enhance the process of training, assessment, and quality improvement in the field of psychiatric rehabilitation. Such frameworks are said to have been recommended by experts to help in dealing with the current variability in the practices being implemented [56].

6.2 Enhancing Interprofessional Collaboration

Working together in an integrated fashion with psychiatrists, psychologists, social workers, and peer support specialists is likely to offer the talented approaches to treat overall needs of patients. It is more effective to have a collaborative approach to address medical, psychological, social, and vocational needs of the patients. Research has also indicated that collaboration between the professions leads to better patient outcomes in the community mental health care facilities [57].

6.3 Leveraging Digital Health Innovations

There is a variety of approaches in organizing the delivery of mental health care through technologies including telepsychiatry, mobile health applications, and even AI platforms. These technologies provide ways in which counseling may be done remotely, therapy can take place and demonstrations of treatment thus increasing accessibility to the treatment in areas that may lack such services. It is also important to note that the use of technology can also help in the collection and analysis of data to enhance the delivery of care. Recent developments show that digital health solutions can be effective in the process of psychiatric rehabilitation [58].

7. DISCUSSION

CBPR has been widely accepted as a valuable model of mental health care that goes beyond mere symptom reduction. The more modern, overall recovery approach can only depend on individual and mutual assistance, vocational as well as educational opportunities, housing stability, and complementary therapies improving social inclusion and quality of life. This means that patients who engage themselves in structured CBPR programs are likely to have a 43% decrease in the likelihood of readmission into psychiatric facilities to enhance the theory that the use of community-based interventions could have contributed to a decrease in the use of inpatient care [44]. Also, the peer-based rehabilitation services have been proved to reduce the length of stay by 38% within two years, which proves the importance of peer support in enhancing self- efficacy and social inclusion [47]. Employment and vocational training programs, especially the IPS model, have also helped enhance the quality of life as far as financial status and self-esteem are concerned among the mentally ill individuals [45]. Moreover, there are other related facilitations such as the mindfulness cognitive therapy and basic exercise facilitation which have shown considerable benefits in the reduction of stress magnitude, enhanced coping with emotions as well as preventing relapse [50].

However, there are several crucial challenges that have been observed in the implementation of holistic recovery models. Lack of funds and resources is still a major challenge in the development of community-based psychiatric services especially in LMICs where there are few trained personnel, facilities, and other therapeutic necessities [46]. Moreover, stigma and misconceptions of mental illness remain a major barrier to the reintegration of people in psychiatric rehabilitation and discourages them from seeking help [49]. These challenges are made worse by the fact that there are no set guidelines in CBPR, meaning that programs may be implemented in a haphazard manner and with varying levels of success. This variability in the models of psychiatric rehabilitation

is due to the lack of clear guidelines and evidence-based frameworks that would enhance the effectiveness of the services [51]. To tackle these issues, there is a need for collaboration between the policymakers, healthcare systems, and mental health supporters to ensure that the community-based programs are sustainable and that resources are fairly distributed among the different population groups.

CBPR should be advanced in the future to establish the best rehabilitation models, improve collaboration between the professionals, and integrate digital health technologies to address the gaps in the mental health services. The involvement of multidisciplinary team of psychiatrists, psychologists, social workers and peer support specialists can help in better understanding of the patient and his/her needs in the process of psychiatric rehabilitation as well as in addressing various aspects of mental health recovery [59]. Moreover, new technologies like telepsychiatry, m-health, and AI-based mental health applications can also help in the implementation of psychiatric rehabilitation services especially in the rural areas [52]. In light of the recent investigations, it has been established that digital strategies enhance the extent of compliance of patients with a treatment plan, enable early intervention, and minimize relapse instances, implying the effectiveness of the new technologies in current psychiatric rehabilitation [51]. CBPR can be enhanced and developed into a stronger model by addressing the existing issues and adapting to the available technological opportunities, which will help to enhance the quality of life of the people with psychiatric disorders and maintain their mental stability in the long run.

8. CONCLUSION

CBPR has become a new model of mental health care delivery that focuses on the recovery process that is based on the principles of self-management, peer support, supported employment, housing, and complementary therapies. CBPR is different from conventional psychiatric treatment that is mainly centered on the alleviation of symptoms and signs of the disorder. Research has also shown the efficacy of CBPR models; that there has been a reduction of hospitalization incidences in individuals who are involved in CBPR, and that there has been improved social functioning, and quality of life among participants. For example, the Individual Placement and Support (IPS) model has been found to be very effective in helping the clients achieve economic independence and financial sustainability, while MBCT and exercise-based interventions help in improving the emotional well-being and coping mechanisms of the clients. Based on the results of this study, this suggests that it is essential to increase the significance of CBPR as an effective and practical model for developing psychiatric rehabilitation that opens up greater opportunities for people with mental disorders than traditional inpatient treatment.

However, there are some challenges that have limited the adoption of CBPR as follows: Lack of funding, social prejudice and lack of set procedures still pose a challenge to the availability and quality of psychiatric rehabilitation services. However, the major challenge that has been observed in the development of community-based mental health services is the issue of resource availability, especially in the low- and middle-income countries where the services are likely to be scaled up in the future. Also, prejudice and discrimination against people with mental disorders are still a major barrier to their reintegration into the society, which underlines the importance of raising awareness and implementing policies that would increase acceptance. Continuing on to the future, optimization of CBPR can be advanced by enhancing the development of standardized models, collaborative effort between the multi-disciplinary team and incorporating technology in health like telepsychiatry, artificial intelligence-assisted mental health app and tool, and mobile health applications. Mentioned improvements will not only contribute to the overall advancement of the mental health support but also bring benefits to the adherence to treatment plan as well as rehabilitating strategies. CBPR as a type of research approach has the ability to overcome these challenges and therefore foster the improvements of technological advancement to create lasting change to psychiatric rehabilitation of people with severe mental illnesses for a better quality of life.

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