

**DESCRIPTION OF COURSE UNIT FOR DOCTORAL STUDIES  
AT VILNIUS UNIVERSITY**

<b>Scientific Area/eas, Field/ds of Science</b>	Medical and Health Sciences (M 000): Medicine (M 001) Natural Sciences (N 000): Biology (N 010) Social sciences (S 000): Sociology (S 005); Psychology (S 006); Law (S 001)			
<b>Faculty, Institute, Department/Clinic</b>	Faculty of Medicine Institute of Clinical Medicine Clinic of Psychiatry			
<b>Course unit title</b> (ECTS credits, hours)	<b>Psychosocial Rehabilitation and Communities Psychiatry</b> 8 credits (212 hours)			
<b>Study method</b>	<b>Lectures</b>	<b>Seminars</b>	<b>Consultations</b>	<b>Self-study</b>
Number of ECTS credits	1*	0,5*	0,5	6
* lectures and seminars are organized if course is chosen by 3 and more students				
<b>Method of the assessment</b> (in 10 point system)	Written exam: two questions from the periodically updated block of questions prepared in the department.			
<b>PURPOSE OF THE COURSE UNIT</b>				
<p>Using the biopsychosocial model of mental and behavioral disorders, to form an approach to the assessment of the treatment and rehabilitation of persons with mental disorders in a specific social environment based on scientific arguments, to develop the skills of such assessment.</p> <p>To develop knowledge of social psychiatry and their application, being able to follow theoretical models and understand the regularities of mental and behavioral disorders of individuals, the effects of disorders.</p> <p>To understand the importance of human rights and needs of persons with mental and behavioral disorders. To be able to apply specific methods of assessing a person's psychological and psychiatric condition and the environment of individuals, the services provided, and to know their possibilities and limitations. Be able to interpret the results of such an assessment, prepare conclusions and recommendations and properly present them in a dissertation.</p>				
<b>THE MAIN TOPICS OF COURSE UNIT</b>				
<p>Social psychiatry: historical assumptions and its development in Lithuania and the world. History of the development of psychosocial rehabilitation (PSR), current situation and future prospects. Ethical problems in the history of social psychiatry: eugenics, deinstitutionalization. Deinstitutionalization assumptions, historical stages. Reinstitutionalization, the role of inpatient mental health care in the modern mental health care system. The relationship between social psychiatry and PSR in theory and practice, models of services. Creation of PSR services in Lithuania.</p> <p>Psychiatric Epidemiology: Public Mental Health Indicators. Prevalence of mental and behavioral disorders in the community, a review of research conducted in foreign countries and Lithuania. Application of psychiatric epidemiology methods in assessing needs at the regional and systemic level. Disability indicators and their prevalence in the world and in Lithuania. Primary disability due to mental and behavioral disorders, the relationship of its indicators with PSR services in the world and in Lithuania. Life course approach and importance in psychiatry/public mental health.</p> <p>Discussion of theoretical directions in PSR. Concepts of quality of life, mental disability, well-being and flourishing, methods of their assessment. The significance</p>				

of the "Global Burden of Mental Disability" study (Murray, Lopez 1996-2000) and WHO recommendations for social psychiatry and PSR. Determination of mental disability, temporary and permanent loss of working capacity. Legal acts regulating social guarantees and service provision for people with disabilities. Assumptions, objectives and methods of implementation of the national mental health strategies of the Republic of Lithuania, related to PSR and social psychiatry.

Psychiatry and stigmatization. Scientific assessment of stigma related to mental and behavioral disorders, methods. Effects of stigma on population health. Destigmatization programs in the world and in Lithuania. Sociological assumptions of the PSR: normalization and emancipation. PSR concept, its goals, identification of target rehabilitation groups. Main PSR models: Boston University W.Anthony, M.Farkas, (USA), R.P.Libermann, (USA), D.Bennett and G.Shepherd, (D.Britain), CARE model (J.P.Wilken, D.d. Hollander). Development of PSR models in Europe. Patient clubs. Sheltered housing, sheltered jobs programs. Pre-employment and on-the-job training, employment and support for people with mental disabilities. Development of employment and daily life skills. Professional rehabilitation of the mentally disabled, its directions.

Determining the needs of people with mental disabilities and their relatives, methods. Camberwell Assessment of Needs (CAN (Slade 1996)). Comparison of different CAN versions (CANSAS, CAN-R, etc.). Critique of the concept of needs (Priebe 1999). Assessment of needs at the regional and systemic level. Assumptions and methods of working in an interdisciplinary team of mental health specialists.

Principles of case management. Types of case management, roles of specialists and limits of responsibility.

Organizational goals and operational methods of community psychiatry interdisciplinary teams: conventional and active treatment community mental health teams, crisis intervention, coordination of their activities, evaluation indicators. Creation of individual PSR plans, their monitoring, evaluation criteria. Criteria for selecting rehabilitation areas. Principles of organizing self-help groups for people with mental disabilities. Their performance evaluation indicators. Involvement of carers of people with mental disabilities in the needs assessment, drawing up the PSR plan, its implementation, monitoring. Recovery concept and its practical application. Scientific evaluation of the effectiveness of recovery models.

Personality disorders (PD), their prevalence in the community, comorbidity. Comparison of PD in ICD-10 and DSM-IV classifications, their differential diagnosis. Prevention, treatment and rehabilitation of PD in the community.

Principles of crisis support for severe mental disorders. Assessment of suicide and homicide risk in the community. The principles of supervision of persons who have committed a criminal act and are found irresponsible for medical reasons in community psychiatry, the legal basis of their supervision. Risk assessment of persons who have committed a criminal act in the PSR community after forced inpatient treatment. Evidence-based risk assessment methods for violent psychiatric patients (OxRISK et al.).

### **RECOMMENDED LITERATURE SOURCES**

1. Oxford Textbook of Community Mental Health (Ed. Thornicroft G, Szmukler G., Muesser K.T.). Oxford University Press. -2011.
2. Patric W. Corrigan. Principles and practice of psychiatric rehabilitation. An empirical approach. N.Y., The Guilford press. 2016.
3. Ruškus J. Negalės fenomenas. Šiaulių universiteto leidykla, 2002.
4. Dembinskas A. ir kt. Psichiatrija (vadovėlis). Vilnius, Vaistų žinios, 2003.
5. Germanavičius A. Bendruomenės (socialinės) psichiatrijos pagrindai. Psichikos ligonių reabilitacija bendruomenėje. BMK, Vilnius, 2008.

6. Warner R. Schizofrenijos aplinka. Klinikos, politikos ir komunikacijos naujovės. Vilnius: Via Recta, 2003.
7. Jayati Das-Munshi, Tamsin Ford, Matthew Hotopf, Martin Prince, Robert Stewart Practical Psychiatric Epidemiology. Oxford University Press, 2020.
8. Wilken J.P., den Hollander D. Rehabilitation and Recovery. A comprehensive approach. SWP Publishers: Amsterdam. -2005. 264 p.
9. Bloch, Sidney, and Stephen A. Green (eds), Psychiatric Ethics, 5 edn (Oxford, 2021; online edn, Oxford Academic, 1 Jan. 2021), <https://doi.org/10.1093/med/9780198839262.001.0001>, accessed 15 Sept. 2022.
10. Germanavičius A., Povilaitienė I. Pirmasis psichozės epizodas: biopsichosocialinis modelis. Vilnius, 2010.
11. Knapp, Martin, David McDaid, and Michael Parsonage. "Mental health promotion and mental illness prevention: The economic case." (2011). [www.lse.ac.uk/businessAndConsultancy/LSEEnterprise/pdf/PSSRUfeb2011.pdf](http://www.lse.ac.uk/businessAndConsultancy/LSEEnterprise/pdf/PSSRUfeb2011.pdf)
12. Tyrer, Peter. Models for Mental Disorder. John Wiley & Sons, 2013.
13. Murphy SM, Irving CB, Adams CE, Waqar M. Crisis intervention for people with severe mental illnesses. Cochrane Database of Systematic Reviews 2015, Issue. Art.No.:CD001087. [https://www.cochrane.org/CD001087/SCHIZ\\_crisis-intervention-people-severe-mental-illnesses](https://www.cochrane.org/CD001087/SCHIZ_crisis-intervention-people-severe-mental-illnesses)
14. <https://oxrisk.com/>

### **CONSULTING LECTURERS**

1. Coordinating lecturer: Arūnas Germanavičius (Prof. Dr.).

2. Sigita Lesinskienė (Prof. Dr.).

#### **APPROVED:**

By Council of Doctoral School of Medicine and Health Sciences at Vilnius University:  
29<sup>th</sup> of September 2022

Chairperson of the Board: Prof. Janina Tutkuvienė