

Euro Mental Health 2019: Rehabilitation issues - Nick Schouten- Neuropsychiatry GGzE Eindhoven

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Abstract

Every human being on this planet wants to have a decent life. Enough joy in lifetime, somewhat to be pleased of, to be esteemed by his or her parents; we want to be loved by our family. Maslow said: "Human life will always be assumed unless its highest objectives are taken into explanation. Growth, self-actualization, the determined toward strength, the search for identity and dependence, the desire for excellence (and other ways of phrasing the striving "ascending") must by now be accepted yonder question as a extensive and perhaps universal human affinity ...". If we do not have a mother or father or siblings or even if we do not have adoptive parents or life instructors in life that coach us, we want to be loved by the ones that can love us and we want to prosper in being happy in life. Some of us don't know our parents that well anymore because we decided not to talk to them anymore for various reasons. From the day we are born until the day we are positively old and die we want to look back at our lives and be happy about what we will have experienced in life. When I ask you: where were you upstretched or where are you from? You'd probably answer this question by mentioning a town or a certain country'. I was born and raised in ... I would say I am from out of my mother. A friend of mine taught me this and I am very thankful for him telling me where I am from. Because that makes us all identical, right? But it doesn't mean that all probabilities are equal. Some have better chances to grow up towards maturity more successfully than the other regardless of where they are from. This all has to do with internal and external factors in life. You were natural somewhere on planet earth. After that we get to know your surrounds better. In life we get to know other people better and most of us get to know our parents better. We get to know our brothers and sisters better and if we are lucky we get to know our aunts and uncles our nieces and nephews etc. At nursery school we make new friends and later on in life we get to know our classmates, our colleagues, and our wife and so on. We connect through Facebook, we meet people through doings, through our Activities of Daily Life (ADL) and every year, every day we have the opportunity to make new friends during our lives.

The social issue I would like to discuss is: What can be the significances when populations with an enduring mental or physical disorder are obliged to do daytime activities like volunteering or paid work? Nevertheless of the degree of their

disorder. Exceptions not included. How can incentives be put in place or is it possible to sanction the incomes of investors? And what does it yield for everyone involved: clients, relatives, companies, institutions, guarantors, government, et cetera?

Background: I work as a mental health social worker at GGzE (Regional Mental Health Institution) De Grote Beek in Eindhoven. I work at the neuropsychiatry department. I mainly work with clients with a psychological and or psychiatric susceptibility. I try to structure their day and I try to support them. I ensure that they reintegrate, remain stable or make a step ahead.

Experiences and expected results: When I studied social work, I worked together with Latifa Bali, a colleague and fellow student at the University of Applied Sciences in Utrecht. During our study and work we noticed that social workers often tried to start activation, but that the activation process rotted because clients chose to do so. Sometimes out of fear or due to lack of agenda they stop doing daytime activities or agreeing jobs. Accordingly, the client would spend the entire day on a terrace smoking cigarettes or drinking beer. Latifa and I then thought: what should we do about this? We questioned what would happen if someone with a physical or mental disability would be forced by law to do daytime activities, offering or even paid work. Then this social issue ascended in our head. We then expanded on this for our education and work. Actually, this social issue occurs everywhere, worldwide. Everywhere people are at home, here on our grounds, in hospitals, at rehabilitation centres, at patient organizations, at the social services... Really everywhere! It can also occur when a social worker notices that a client in his own home has no social contacts or is in bed all day. Or shouldn't someone with schizophrenia leave the house to do something? Here you come back to that responsibility to be activated. For clients activation provides physical and mental well-being. It can also take away the worries of close relatives because they are supported by the entire health care system. I think activated people start to feel less restricted, less insecure, and healthier. Because as a social worker or as a relative you form a bond together and the client will be held responsible, the conversation about activation is to be had. People are often branded by their physical or mental disability. It regularly occurs that someone

who is in a wheelchair or is staggering is stared at. Assimilation and activations contributes to the client regaining self-esteem. The social workers, institutions and governments benefit from more attention for and communication about this issue. They also will be held responsible by law. And, confidently, people will become healthier. It creates awareness for health insurance companies that they have an impact on susceptible citizens. When people are being activated, they have less time to smoke cigarettes and they have less chance of becoming miserable at home. So if they are activated, it will cost health insurance companies less; money better spent elsewhere. It also leads to savings through lessening of medication. Finally, all together we need to ensure that the client can fulfil his obligations. So, with the help of his loved ones, psychotherapists, and the government we can make them more active, healthier and happier.

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