

Package of interventions for
Rehabilitation
Module 8
Mental health conditions



World Health
Organization

Package of interventions for rehabilitation

Module 8 Mental health conditions

Package of interventions for rehabilitation. Module 8. Mental health conditions

(Package of interventions for rehabilitation. Module 1. Introduction – Module 2. Musculoskeletal conditions – Module 3. Neurological conditions – Module 4. Cardiopulmonary conditions – Module 5. Neurodevelopmental disorders – Module 6. Sensory conditions – Module 7. Malignant neoplasm – Module 8. Mental health conditions)

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Package of interventions for rehabilitation for schizophrenia

1.1 About schizophrenia

Schizophrenia is a severe mental disorder (SMD) that is characterized by significant impairments in perception of reality and quality of consciousness. Hallucinations (hearing, smelling, seeing, or feeling things that are not there) and delusions (fixed false beliefs or suspicions that are firmly held even when there is evidence to the contrary) are the most common symptoms. In addition, people with schizophrenia often experience:

- influence, control or passivity (the experience that the person's feelings, impulses, actions, or thoughts are not generated by themselves, are being placed in their mind or withdrawn from their mind by others, or that their thoughts are being broadcast to others);
- disorganized thinking (often observed as jumbled or irrelevant speech);
- disorganization of behaviour (e.g. the person does things that appear bizarre or purposeless, or the person has unpredictable or inappropriate emotional responses that interfere with their ability to organize their behaviour);
- negative symptoms (including restricted experience and expression of emotions, limited speech, inability to experience interest or pleasure, and social withdrawal);
- extreme agitation or slowing of movements, maintenance of unusual postures;
- difficulties with their cognitive or thinking skills, such as memory, attention, and problem-solving (1).

People with SMD, including schizophrenia, are also more likely to engage in lifestyle behaviours that constitute risk factors for communicable and noncommunicable diseases (NCDs) such as tobacco consumption, physical inactivity, and consuming unhealthy diets (2).

There are different causes of schizophrenia. It is thought that an interaction between genes and a range of environmental factors may cause the disorder; psychosocial factors may also affect its onset and course. Heavy use of cannabis is associated with an elevated risk.

Schizophrenia typically begins in late adolescence or early adulthood. At least one third of people experience complete remission of symptoms. Some people experience worsening and remission of symptoms periodically throughout their lives; others a gradual worsening of symptoms over time (1).

Schizophrenia is a debilitating condition that causes decline in functioning and makes independent daily life challenging. Without appropriate care, it often leads to reduced life-expectancy due to the development of physical illnesses (cardiovascular, metabolic and infectious diseases). Furthermore, schizophrenia is associated with significant distress and

impairment in personal, family, social, educational, and occupational functioning and the exposure to human rights violations. Widespread stigmatization and discrimination against people with schizophrenia often lead to social exclusion, and limitation in access to health care and other social services (1).

Role of rehabilitation in schizophrenia

It is estimated that in 2019, 23.6 million people worldwide were living with schizophrenia and associated problems in functioning that could benefit from rehabilitation (3). Rehabilitation for people with schizophrenia takes into consideration an individual's preferences and usually comprises a multifaceted approach that supports individuals to achieve their goals. A range of effective care options are available including medication, psychoeducation, family interventions, and psychosocial interventions. Facilitated assisted living, supported housing and supported employment should also be available for people with schizophrenia (1). For management of physical health conditions commonly seen among this population, directive and supportive behavioural lifestyle interventions could also be considered (2).

It is important to note that mental health services should be person-centred and rights-based (4). The engagement of the person with schizophrenia, family members and the community in providing support is essential (1). With appropriate care options and social support, affected people can lead a productive life and be integrated to society.

Target population for the Package of interventions for rehabilitation for schizophrenia

This *Package of interventions of rehabilitation for schizophrenia* is intended to be used in rehabilitation for children, adolescents and adults with schizophrenia (International Classification of Diseases, 11th revision (ICD-11): 6A20 Schizophrenia).

Although the critical part of treatment for schizophrenia is medication, medicines are not included in the *Package of intervention for rehabilitation for schizophrenia*. This information is available with the *mhGAP Intervention Guide for mental, neurological and substance use disorders* (5) which is currently being updated.

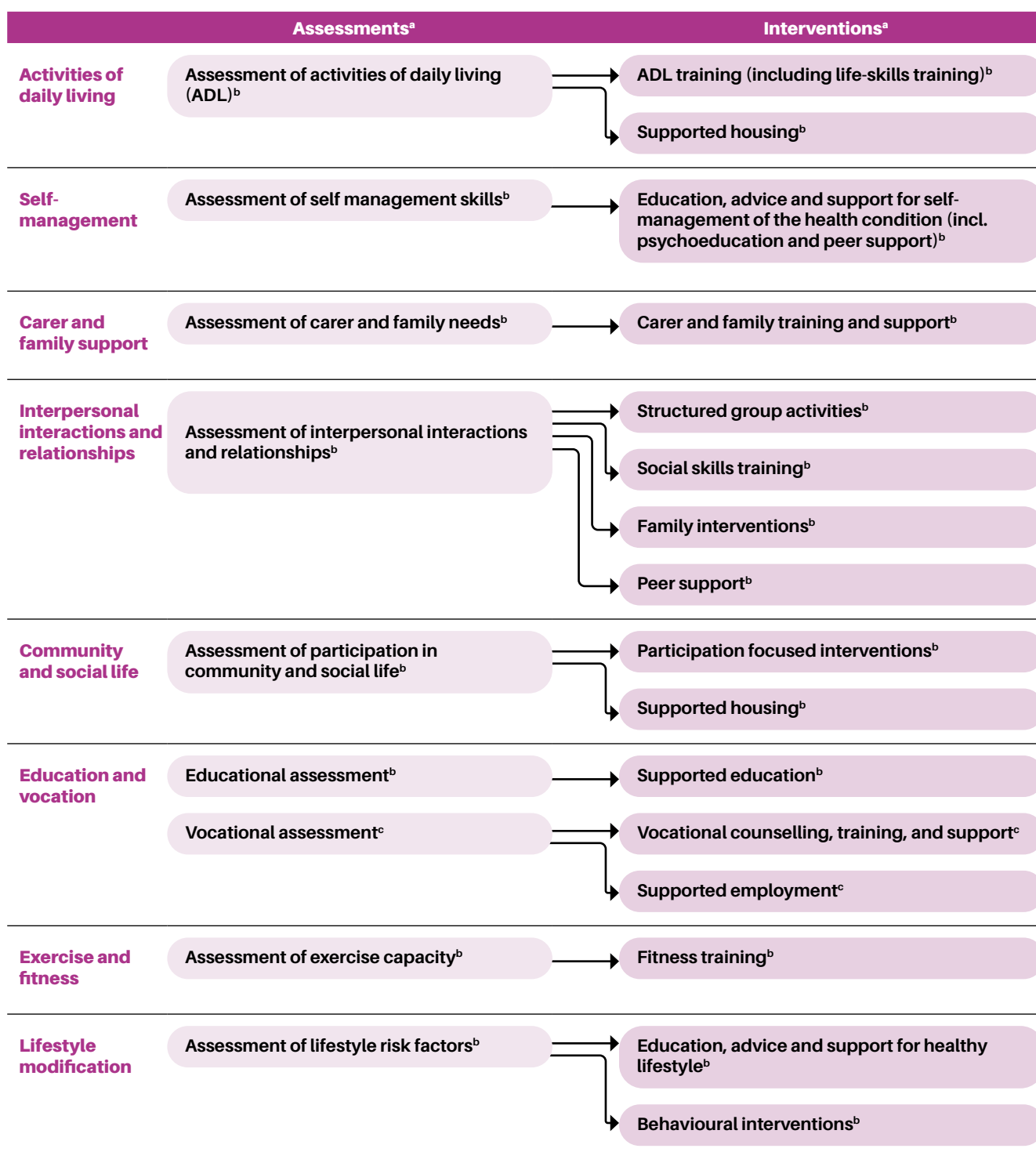
Important links to other WHO products relevant for the care of people with schizophrenia:

- *mhGAP Intervention Guide for mental, neurological and substance use disorders. Version 2.0* (5).
- *Guidance and technical packages on community mental health services* (6).
- *QualityRights materials for training, guidance and transformation. Mental health, disability and human rights* (7).
- *Mental health atlas 2020* (8).
- *World mental health report: transforming mental health for all* (9).
- *Management of physical health conditions for adults with severe mental disorders* (2).

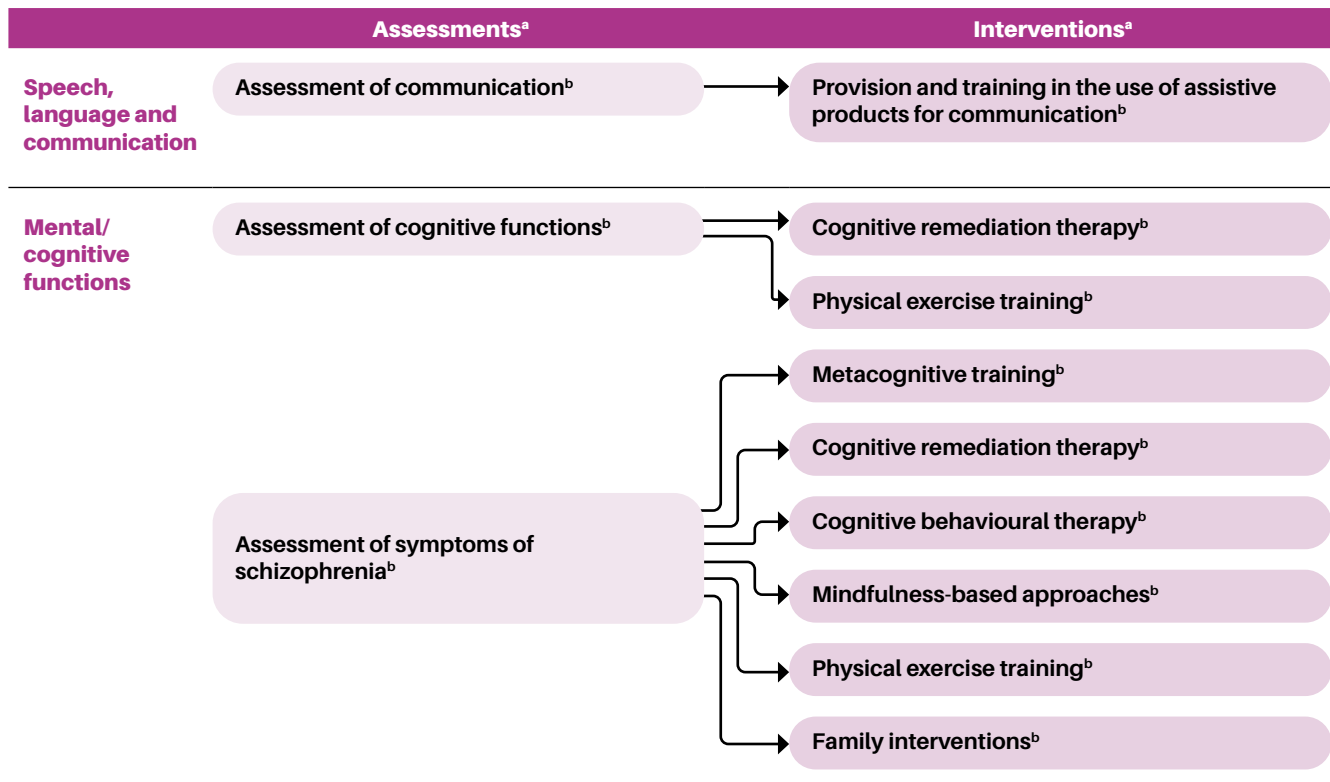
1.2 Content of the Package of interventions for rehabilitation for schizophrenia

Overview of the interventions for rehabilitation in schizophrenia

Functioning interventions



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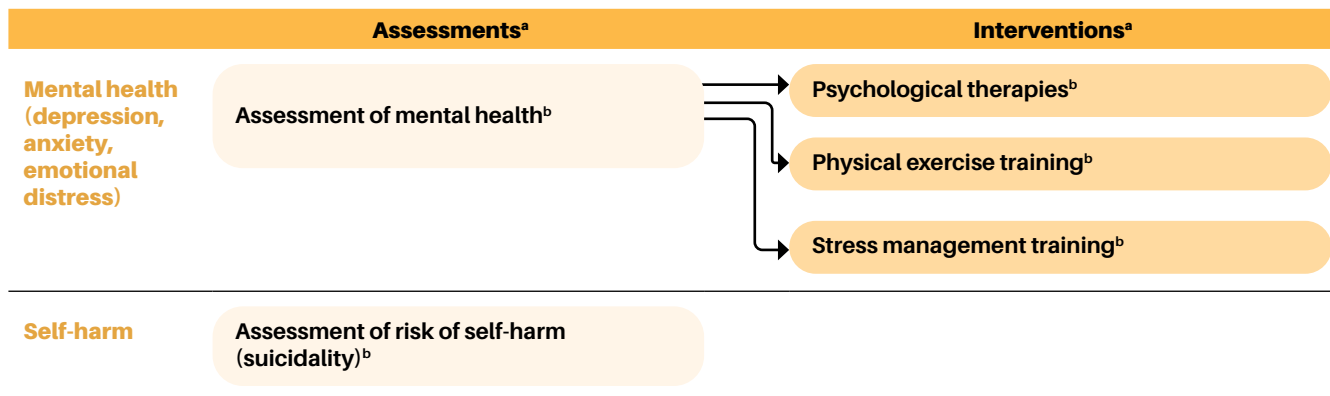


^a See Annex 1 for definitions of assessments and interventions.

^b Children, adolescents, and adults with schizophrenia.

^c Adolescents and adults with schizophrenia.

Interventions for the prevention and treatment of secondary conditions related to schizophrenia



^a See Annex 1 for definitions of assessments and interventions.

^b Children, adolescents, and adults with schizophrenia.

Overview of the resources required for rehabilitation in schizophrenia

Functioning interventions

	Intervention	Session time (mins)	Material resources			Occupations (rehabilitation specialists)
			Assistive products	Equipment	Consumables	
Activities of daily living	Target: Activities of daily living (ADL)					
	Assessment of ADL	40	-	Utensils for activities of daily living	-	<ul style="list-style-type: none">• Nursing professional (psychiatric nurse)• Occupational therapist• Psychologist• Social work and counselling professional
	ADL training (including life-skills training)	40	-	Utensils for activities of daily living	-	<ul style="list-style-type: none">• Nursing professional (psychiatric nurse)• Occupational therapist• Social and counselling professional
	Supported housing	60	-	-	-	<ul style="list-style-type: none">• Nursing professional (psychiatric nurse)• Occupational therapist• Psychologist• Social work and counselling professional
Self-management	Target: Self-management					
	Assessment of self-management skills	15	-	-	-	<ul style="list-style-type: none">• Nursing professional (psychiatric nurse)• Occupational therapist• Psychologist• Social work and counselling professionals

	Intervention	Session time (mins)	Material resources			Occupations (rehabilitation specialists)
			Assistive products	Equipment	Consumables	
Self-management	Education, advice and support for self-management of the health condition (incl. psychoeducation and peer support)	30	-	-	• Information materials (e.g. flyers, brochures)	<ul style="list-style-type: none"> • Nursing professional (psychiatric nurse) • Occupational therapist • Psychologist • Social work and counselling professionals • Specialist medical practitioner (psychiatrist)/physical and rehabilitation medicine (PRM) physician
Carer and family support	Target: Carer and family support					
	Assessment of carer and family needs	20	-	-	-	<ul style="list-style-type: none"> • Nursing professional (psychiatric nurse) • Occupational therapist • Psychologist • Social work and counselling professionals
	Carer and family training and support	40	-	-	• Information materials (e.g. flyers, brochures)	<ul style="list-style-type: none"> • Nursing professional (psychiatric nurse) • Occupational therapist • Psychologist • Social work and counselling professional

	Intervention	Session time (mins)	Material resources			Occupations (rehabilitation specialists)
			Assistive products	Equipment	Consumables	
Interpersonal interactions and relationships	Target: Interpersonal interactions and relationships					
	Assessment of interpersonal interactions and relationships	20	-	-	-	<ul style="list-style-type: none">• Nursing professional (psychiatric nurse)• Occupational therapist• Psychologist• Specialist medical practitioner/ PRM physician
	Structured group activities	120	-	-	-	<ul style="list-style-type: none">• Nursing professional (psychiatric nurse)• Occupational therapist• Social work and counselling professional
	Social skills training	45	-	• Video recording devices	-	<ul style="list-style-type: none">• Nursing professional (psychiatric nurse)• Occupational therapist• Psychologist• Social work and counselling professional
	Family interventions	60	-	-	• Information materials (e.g. flyers, brochures)	<ul style="list-style-type: none">• Nursing professional (psychiatric nurse)• Occupational therapist• Psychologist• Social work and counselling professional• Specialist medical practitioner (psychiatrist)/PRM physician
	Peer support	45	-	-	-	<ul style="list-style-type: none">• Peer counsellor

	Intervention	Session time (mins)	Material resources			Occupations (rehabilitation specialists)
			Assistive products	Equipment	Consumables	
Community and social life	Target: Participation in community and social life					
	Assessment of participation in community and social life	30	-	-	-	<ul style="list-style-type: none">• Nursing professional (psychiatric nurse)• Occupational therapist• Psychologist• Social work and counselling professional
	Participation focused interventions	20	-	-	-	<ul style="list-style-type: none">• Nursing professional (psychiatric nurse)• Occupational therapist• Psychologist• Social work and counselling professional
	Supported housing	60	-	-	-	<ul style="list-style-type: none">• Nursing professional (psychiatric nurse)• Occupational therapist• Psychologist• Social work and counselling professional
Education and vocation	Target: Education					
	Educational assessment	60	-	• School-related tools (e.g. computers)	-	<ul style="list-style-type: none">• Nursing professional (psychiatric nurse)• Occupational therapist• Psychologist• Social work and counselling professional
	Supported education	60	-	-	-	<ul style="list-style-type: none">• Nursing professional (psychiatric nurse)• Occupational therapist• Psychologist• Social work and counselling professional

	Intervention	Session time (mins)	Material resources			Occupations (rehabilitation specialists)
			Assistive products	Equipment	Consumables	
Education and vocation	Target: Work and employment					
	Vocational assessment	20	-	• Work-related tools and equipment	-	• Occupational therapist • Social work and counselling professional
	Vocational counselling, training and support	45	-	• Work-related tools and equipment	-	• Occupational therapist • Psychologist • Social work and counselling professional
	Supported employment (e.g. Individual placement and support)	45	-	-	-	• Occupational therapist • Social work and counselling professional
Exercise and fitness	Target: Exercise tolerance function					
	Assessment of exercise capacity	30	-	• Timer • Cycle ergometer (arm or leg) • Heart rate monitor	-	• Physiotherapist • Specialist medical practitioner/ PRM physician
	Fitness training	30	-	• Cycle ergometer (arm or leg) • Exercise mats • Resistance bands • Weights • Balance board/cushion • Timer	-	• Physiotherapist
Lifestyle modification	Target: Healthy lifestyle					
	Assessment of lifestyle risk factors	20	-	• Scale weight • Body mass index calculator • Measuring tape	-	• Dietitians and nutritionist • Nursing professional (psychiatric nurse) • Occupational therapist • Physiotherapist • Psychologist • Specialist medical practitioner/ PRM physician

	Intervention	Session time (mins)	Material resources			Occupations (rehabilitation specialists)
			Assistive products	Equipment	Consumables	
Lifestyle modification	Education, advice and support for healthy lifestyle	20	-	-	• Information materials (e.g. flyers, brochures)	<ul style="list-style-type: none"> • Dietitians and nutritionist • Nursing professional (psychiatric nurse) • Occupational therapist • Physiotherapist • Psychologist • Specialist medical practitioner (psychiatrist)/PRM physician
	Behavioural interventions	20	-	-	-	<ul style="list-style-type: none"> • Occupational therapist • Psychologist • Specialist medical practitioner (psychiatrist)/PRM physician
Speech, language, and communication	Target: Communication					
	Assessment of communication	30	-	-	-	<ul style="list-style-type: none"> • Occupational therapist • Speech and language therapist/pathologist
	Provision and training in the use of assistive products for communication	45	<ul style="list-style-type: none"> • Communication boards/ books/ cards • Electronic device and communication software 	-	-	<ul style="list-style-type: none"> • Occupational therapist • Speech and language therapist/pathologist
Mental/cognitive functions	Target: Cognitive functions					
	Assessment of cognitive functions	90	-	<ul style="list-style-type: none"> • Cognitive test equipment • Computer/tablets with software • Timer 	-	<ul style="list-style-type: none"> • Nursing professional (psychiatric nurse) • Occupational therapist • Psychologist • Specialist medical practitioner (psychiatrist)/PRM physician

	Intervention	Session time (mins)	Material resources			Occupations (rehabilitation specialists)
			Assistive products	Equipment	Consumables	
Mental/cognitive functions	Cognitive remediation therapy	75	-	• Computer/laptops/tablets with software	-	• Psychologist • Specialist medical practitioner (psychiatrist)/PRM physician
	Physical exercise training (incl. aerobic exercises and yoga)	30	-	• Cycle ergometer (arm or leg) • Resistance bands • Exercise mats • Weights	-	Physiotherapist
	Target: Symptoms of schizophrenia					
	Assessment of symptoms of schizophrenia (positive and negative symptoms)	30	-	-	-	• Nursing professional (psychiatric nurse) • Psychologist • Specialist medical practitioner/PRM physician
	Metacognitive training (for positive symptoms)	45	-	• Computer/laptops/tablets with software	-	• Psychologist • Specialist medical practitioner (psychiatrist)/PRM physician
	Cognitive remediation therapy (for negative symptoms)	60	-	• Computer/laptops/tablets with software	-	• Psychologist • Specialist medical practitioner (psychiatrist)/PRM physician
	Cognitive behavioural therapy	60	-	-	-	• Psychologist • Specialist medical practitioner (psychiatrist)/PRM physician

	Intervention	Session time (mins)	Material resources			Occupations (rehabilitation specialists)
			Assistive products	Equipment	Consumables	
Mental/cognitive functions	Mindfulness-based approaches	20	–	• Exercise mats	–	• Psychologist • Specialist medical practitioner (psychiatrist)/PRM physician
	Physical exercise training (incl. aerobic and mind-body exercises)	30	–	• Cycle ergometer (arm or leg) • Resistance bands • Exercise mats • Weights	–	• Physiotherapist
	Family interventions (for prevention of relapse and worsening of symptoms)	60	–	–	• Information materials (e.g. manual, flyers, brochures)	• Nursing professional (psychiatric nurse) • Occupational therapist • Psychologist • Social work and counselling professional • Specialist medical practitioner (psychiatrist)/PRM physician

ADL: activity of daily living; PRM: physical and rehabilitation medicine.

Interventions for the prevention and treatment of secondary conditions related to schizophrenia

	Intervention	Session time (mins)	Material resources			Occupations (rehabilitation specialists)
			Assistive products	Equipment	Consumables	
Mental health	Target: Interventions for mental health (in particular depression, anxiety and emotional distress)					
	Assessment of mental health (depression, anxiety, emotional distress)	30	-	-	-	<ul style="list-style-type: none">• Nursing professional (psychiatric nurse)• Psychologist• Specialist medical practitioner (psychiatrist)/PRM physician
	Psychological therapies (incl. cognitive behavioural therapy)	60	-	-	-	<ul style="list-style-type: none">• Psychologist• Specialist medical practitioner (psychiatrist)/PRM physician
	Physical exercise training	30	-	<ul style="list-style-type: none">• Cycle ergometer (arm or leg)• Resistance bands• Weights• Exercise mats	-	<ul style="list-style-type: none">• Physiotherapist
	Stress management training	45	-	-	-	<ul style="list-style-type: none">• Nursing professional (psychiatric nurse)• Occupational therapist• Psychologist
Self-harm (suicidality)	Target: Interventions for risk of self-harm					
	Assessment of risk of self-harm (suicidality)	30	-	-	-	<ul style="list-style-type: none">• Nursing professional (psychiatric nurse)• Psychologist• Specialist medical practitioner (psychiatrist)/PRM physician

PRM: physical and rehabilitation medicine.

Summary of the required material resources and workforce

Material resources

Assistive products (for prescription)	Equipment (for service facilities)	Consumables (for service facilities)
<ul style="list-style-type: none">• Communication boards/books/cards• Electronic device and communication software	<ul style="list-style-type: none">• Balance board/cushion• Body mass index calculator• Cognitive test equipment• Computer/tablets with software• Cycle ergometer (arm or leg)• Exercise mats• Heart rate monitor• Measuring tape• Resistance bands• Scale weight• School-related tools (e.g. computers)• Timer• Utensils for activities of daily living• Video recording devices• Weights• Work-related tools and equipment	<ul style="list-style-type: none">• Information materials (e.g. flyers, brochures)

Workforce

Overview of rehabilitation specialists qualified to deliver interventions for rehabilitation for schizophrenia (in alphabetical order)

- Dietitians and nutritionists
- Occupational therapists
- Physiotherapists
- Nursing professionals (psychiatric nurses)
- Psychologists
- Social work and counselling professionals
- Specialist medical practitioners (psychiatrists)/PRM physicians
- Speech and language therapist/pathologists

PRM: physical and rehabilitation medicine.

1.3 Members of the working groups

The following experts have contributed to the development of the *Package of interventions for rehabilitation for schizophrenia* along the different development steps and using the listed clinical practice guidelines and Cochrane systematic reviews. See Annex 2 for a summary of declarations of interest.

Members of the technical working group

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Members of the peer review group

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Fahmy HANNA (Technical officer), Marc van OMMEREN (Coordinator), Devorah KESTEL (Director), and Mareike van REGTEREN ALTENA (Consultant) from Mental Health Unit, WHO Mental Health and Substance Use Department provided valuable support and feedback throughout the development of the *Package of interventions for rehabilitation for schizophrenia*.

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Annex 1. Glossary of assessments and interventions

For each assessment and intervention included in the *Package of interventions for rehabilitation*, short descriptions are provided to help to understand each specific action.

A1.1 Assessments

Assessment	Description of the assessment
Assessment of activities of daily living	Activities of daily living (ADLs) are tasks regularly performed as part of self-care activities (e.g. washing, caring for body parts, toileting, dressing, eating and drinking, and looking after one's health), or instrumental activities (e.g. household tasks, acquisition of goods and services, managing communication, relationships, and finances). The assessment of the ADL (including initial screening to determine the need for comprehensive assessment) uses interviewing and observation, to determine the presence and/or severity of the limitations in activities of daily living, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
Assessment of carer and family needs	The role of a caregiver often presents a huge burden that may result in overstrain and health issues. The assessment of carer and family needs uses interviewing to determine the physical, mental and emotional needs, and the person's knowledge and skills to provide care. It also assesses the need for a referral to comprehensive assessment and treatment if required.
Assessment of cognitive functions	Cognitive functions comprise mental functions such as consciousness, orientation, attention, memory, sensory perception, language, abstraction, organization, planning, insight, judgment, calculation, and problem-solving. The assessment of cognitive functions (including initial screening to determine the need for comprehensive assessment) uses observation, interviewing, or standardized cognitive tests to determine the presence and/or severity of impairment in mental functions, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
Assessment of communication	Communication is performed by using words, sounds, signs, or behaviours to express or exchange information. The assessment of communication (including initial screening to determine the need for comprehensive assessment) uses observation, interviewing, or standardized communication tests to determine the presence and/or severity of impairment in communication functions, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
Assessment of exercise capacity	Exercise capacity is the ability to increase oxygen uptake above that at rest. Exercise tolerance relates to an individual's exercise capacity to endure exercises or to achieve a maximum workload. The assessment of exercise capacity (including initial screening to determine the need for comprehensive assessment) uses self-reported questionnaires and rating scales and standardized maximal exercise tests (e.g. walking, ergometer or treadmill testing) to determine the presence and/or severity of reduced exercise capacity, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.

Assessment	Description of the assessment
Assessment of interpersonal interactions and relationships	Maintaining basic and complex interpersonal interactions and relationships depends on the level of physical and mental functioning, social skills, and the specific situation of the individual and the people who relate to him/her. Assessment (including initial screening) can be conducted by observation, or interviewing. Relevant friends and family members may be involved in the assessment (including the initial screening).
Assessment of lifestyle risk factors	Lifestyle risk factors relate to health behaviours that are associated with an increased risk of morbidity and mortality (e.g. tobacco use, excessive intake of alcohol, physical inactivity, and unhealthy nutrition). The assessment of lifestyle risk factors (including initial screening to determine the need for comprehensive assessment) involves determining the health risk related to the lifestyle, ascertaining its impact on health and functioning, and informing care planning, including the need for referral or follow-up.
Assessment of mental health	Mental health has intrinsic and instrumental value, helping people to connect (e.g. have positive relationships, have a sense of belonging), function (e.g. apply cognitive skills, learn new skills), cope (e.g. deal with stress, understand and manage emotions) and thrive (e.g. feel good, find purpose in life). The assessment of mental health (using initial screening to determine the need for comprehensive assessment) uses interviewing to determine the presence and/or severity of mental health issues, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
Assessment of participation in community and social life	Community and social life performance refer to the person's level of participation in various social and community life activities (e.g. livelihood, recreation and leisure, religion and spirituality, political life). Assessment of participation in community and social life uses interviewing to determine the presence and/or severity of restrictions in participation and inform care planning, including the need for referral or follow-up.
Assessment of risk of self-harm (suicidality)	Risk factors that relate to the individual (e.g. serious illness, mental illness, social isolation), the community (e.g. cultural and religious beliefs) or society (e.g. stigmatization associated with mental illness) are associated with an increased risk of self-harm and suicide. Self-harm is described as intentional self-inflicted poisoning or injury to oneself, which may or may not have a fatal intent or outcome. The assessment of risk factors for self-harm and suicidality (including initial screening to determine the need for comprehensive assessment) uses interviewing to determine the level of risk of self-harm, and informing care planning, including the need for referral or follow-up.
Assessment of self-management skills	Good self-management skills help people to take care of their own health and functioning. They are based on a person's knowledge about their health condition and functioning and on their confidence in applying appropriate measures that they can apply independently. The assessment of self-management skills uses interviewing to inform the planning of education, advice and support to improve these skills.
Assessment of symptoms of schizophrenia	Symptoms of schizophrenia can be both positive and negative, for example hallucinations, delusions, incoherent thoughts, behaviour or speech, lack of interest and motivation, etc. The assessment of symptoms of psychosis (including initial screening to determine the need for comprehensive assessment) uses observation and interviewing to determine the presence and/or severity of symptoms, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up.
Educational assessment	The educational assessment (incl. initial screening) aims to collect information on the individual's ability to engage in educational-related responsibilities, including learning, working cooperatively with other students, taking directions from teachers, organizing, studying, and completing assigned tasks. The educational assessment (including initial screening to determine the need for comprehensive assessment) involves interviewing and observing the person at the health service, or at school or university, to determine the presence and/or severity of restrictions in engagement in educational activities, ascertain their impact on functioning, and inform care-planning, including the need for referral or follow-up. Teachers may be involved in the assessment (including initial screening).

Assessment	Description of the assessment
Vocational assessment	Vocational assessment aims to describe a person's capacity to work (general work readiness, skills and competencies for specific occupations) and/or a person's occupational performance at the current workplace. During the vocational assessment, information is collected on the individual's capacity and/or performance to complete expected or assigned tasks, organize themselves, work cooperatively with colleagues, take directions from supervisors, or supervise others. The vocational assessment (including initial screening to determine the need for comprehensive assessment) uses interviewing, observation or specific tests to determine the capacity to work and/or the presence and/or severity of difficulties at work, ascertain their impact on functioning, and inform care planning, including the need for referral or follow-up. A supervisor may be involved in the assessment.

A1.2 Interventions

Intervention	Description of the intervention
ADL training	Activities of daily living (ADLs) are tasks regularly performed as part of self-care activities (e.g. washing, caring for body parts, toileting, dressing, eating and drinking and looking after one's health), or instrumental activities (e.g. household tasks, acquisition of goods and services, and managing communication, relationships and finances). ADL training is directed towards an individual's goal to improve independence in daily living and consists of education, advising and training techniques in the context of functional tasks. Under guidance or assistance of a health worker, these techniques are practised repetitively and, if feasible, self-directed by the patient following education and advice on the appropriate exercises.
Behavioural interventions	Problems with behaviour comprise, for example, agitation, aggression, inattention, or overactivity. Problems with behaviour can be caused or triggered by factors that are biological (e.g. pain), social (e.g. boredom, insensitivity of others), environmental (e.g. noise and lighting) or psychological (e.g. emotional problems) and which may endanger the physical safety of the person or others, or may limit interpersonal interactions or deny access to the community facilities. Behavioural interventions are tailored to an individual's need and aim to reduce the intensity, frequency and duration of problematic behaviour or to replace the problematic behaviour by behaviours that are appropriate through providing skills training, using positive or negative reinforcement strategies, or modifying the social or physical environment to reduce external triggers. Behavioural interventions are provided and guided by a health or social worker and may involve caregivers and family members.
Carer and family training and support	Carer and family training and support entail providing education and advice about the health condition, strategies and tasks relevant for the care and support of the person in the rehabilitation process. Training and support also aim to equip carers and families with knowledge, skills, and resources to cope with their role successfully without developing health issues themselves. Carer and family training and support during the rehabilitation of the person in need comprise provision of information, resources, individual counselling, or support groups. Caregiver and family support is provided by health workers or peers (caregiver-to-caregiver support).
Cognitive behavioural therapy	Cognitive behavioural therapy (CBT) is a psychological therapy that combines cognitive components (aimed at thinking differently, for example through identifying and challenging unrealistic negative thoughts) and behavioural components (aimed at doing things differently, for example by helping the person to do more rewarding activities). CBT includes exercises, education and advice to help the person to develop appropriate coping skills to be applied in challenging situations.

Intervention	Description of the intervention
Cognitive remediation therapy	Cognitive remediation therapy is a behavioural training-based intervention that aims to improve cognitive processes and psychosocial functioning. Participants in individual or group sessions perform a series of tasks (e.g. memory exercises, motor dexterity tasks, visual reading exercises), from basic to difficult levels, based on principles of errorless learning and targeted reinforcement. The repetitive tasks promote the capacity to problem-solve and to become aware of the individual's own difficulties. Cognitive remediation therapy is guided by a health or social worker.
Education and advice on healthy lifestyle	Education on healthy lifestyle entails providing information on behaviours that aim to promote health and prevent disease, such as regular physical activity, healthy nutrition and avoiding substance use (alcohol, tobacco, drugs). The individual advice aims to identify and discuss strategies that best address the existing needs of the individual to achieve and maintain a healthy lifestyle.
Education, advice and support for self-management of disease (including psychoeducation and peer support)	Education on self-management entails providing information about tasks relevant for the self-management of medical, emotional and social aspects related to the prevention of, or coping with, a health condition. The individual advice aims to identify and discuss the strategies which help to enhance self-management skills and that best suit the needs and capabilities of an individual to maintain or achieve independence and optimal participation in daily life. Support is provided whenever a person is not able to self-manage the issues related to the health condition. Support may also be provided by peers through sharing the same experiences or challenges as the person in the rehabilitation process and supporting the person in the rehabilitation process in the development of self-management skills and coping strategies to achieve and maintain optimal functioning and well-being. The education, advice and support for self-management can be performed in one-to-one or group sessions.
Family interventions	Family interventions aim to support persons in need and their families to achieve and maintain optimal health (e.g. prevention of relapses in the person in need, prevention of stress disorders among family members), functioning (e.g. improved communication and relationships within the family) and well-being of all family members by improving family engagement and effectiveness in coping with challenging situations. Family interventions include education on the management of the health condition, problem-solving and communication skills training, and are provided by a health or social worker.
Fitness training	Fitness training includes aerobic (e.g. walking, cycling) and anaerobic exercises (e.g. muscle-strengthening exercises) with the sufficient amount of intensity, duration and frequency to improve exercise capacity and strength. Exercises to improve flexibility and coordination (e.g. stretching, balance exercises) complete a fitness programme. The fitness training is guided by a health worker or (if feasible) performed self-directed by the patient following education and advice.
Metacognitive training	Metacognitive training aims to improve social functioning through reducing cognitive biases/psychotic symptoms (e.g. delusion, impaired self-awareness or insight). Metacognitive training is usually provided as a structured group intervention during which participants perform exercises to reflect their own thinking and receive training in strategies to cope with cognitive biases during daily routines. Metacognitive training is guided by a health worker.
Mindfulness-based approaches	Mindfulness-based interventions aim to achieve a state of mindfulness in which a person becomes more aware of their physical, mental, and emotional condition in the present moment, without becoming judgemental. Mindfulness-based interventions (e.g. mindfulness-based cognitive therapy, acceptance and commitment therapy) help people to pay attention to a variety of experiences, such as bodily sensations, cognitions, and feelings, and accept them without being influenced by them. Mindfulness-based interventions are guided by a health worker and (if feasible) related exercises are performed self-directed following education and advice on the appropriate techniques.

Intervention	Description of the intervention
Participation focused interventions	A variety of activities present important opportunities to participate in communities and social life. Participation-focused interventions utilize such activities and integrate approaches that help to improve a person's skills to perform the activities with the overall goal to achieve optimal (re)integration and participation. Under the guidance or assistance of a health worker, a community or social worker, or a physical educator, different types of activities are offered and tried out, if feasible, with the participation of family members or friends.
Peer support	Peer support is an approach in which people, sharing the same experiences or challenges as the person in the rehabilitation process, support the person in the rehabilitation process in the development of self-management skills and coping strategies to achieve and maintain optimal functioning and well-being. Peer support in rehabilitation is organized by the rehabilitation team by bringing together peers, persons receiving rehabilitation and their families. It can be performed in one-to-one or group sessions.
Physical exercise training	A variety of physical exercises (e.g. aerobic or strengthening exercises, balance or coordination exercises, mind-body exercises) are suitable to improve exercise capacity, muscle strength, joint mobility, voluntary movement, balance, gait and walking, as well as helping to reduce pain and fatigue. Regular physical exercise training (including education and advice on exercises) is planned according to an individual's needs and guided or assisted by a health worker or (if feasible) performed self-directed following education and advice on the appropriate exercises.
Provision and training in the use of assistive products for communication	The provision of assistive products (e.g. communication boards/books/cards, electronic device and communication software, augmentative and alternative communication devices) to support people's communication. Provision includes the identification of the specific needs, selection, manufacturing or modification and adjustment of the appropriate product. Following provision, the patient will be trained in the use and care of the products.
Psychological therapies	Psychological therapy uses different psychological approaches that help the client to eliminate or control symptoms, and thus to improve psychosocial functioning. Psychological therapy is usually guided through conversation between the health worker and the client(s).
Social skills training	Social skills involve different aspects of cognition, emotion, and behaviour. Social skills training aims to improve, for example, problem-solving skills, control of emotions, and verbal and non-verbal communication through exercising tasks and activities during individual or group activities. The training is guided and assisted by a health worker and, if feasible, applied self-directed by the patient with support of caregivers or family members following education and advice on the appropriate activities.
Stress management training	Stress management refers to the ability to cope with stress. Stress management training uses different approaches (e.g. relaxation or mindfulness exercises) that aim to develop or improve skills to successfully cope with stressful situations. Stress management training commonly includes education, advice and training of specific exercises and use of specific techniques.
Structured group activities	Structured group activities provide opportunities for participants to engage in recreational or leisure activities that are joyful and meaningful to them. The group experience offers opportunities to engage with, and learn from, others and to develop and improve social skills. Under the guidance or assistance of a health, social, or community worker, different types of group activities are offered and tried out with the participation, if feasible, of family members or friends.
Supported education	Supported education aims to facilitate the engagement of children, adolescents and young adults with physical, sensory or mental impairments in education at school and university through providing intensive support. Supported education is a collaborative process among teachers, parents, support staff and school and university administrators. The specific support is provided by social workers or special educators with the strong involvement of the teachers and administrators.

Intervention	Description of the intervention
Supported employment programme (e.g. Individual Placement and Support)	Supported employment is an approach to vocational rehabilitation. The aim of supported employment is to support people to be engaged in long-term paid employment. Supported employment is based on the following principles: customer engagement, vocational profiling, employer engagement, job-matching, in-work support, and career development. Supported employment is provided by health or social workers with the strong involvement of the employer.
Supported housing	Supported housing is a scheme where housing, support and care services are provided as an integrated package. The aim of supported housing is to support people to live as independently as possible within their community, with focus on social inclusion. Supported housing is provided by health or social workers.
Vocational counselling, training and support	Vocational activities are activities that are accomplished in the context of the specific occupation of an individual. Vocational counselling supports an individual during return to work, or to identify new vocational goals and opportunities. Vocational training is directed towards achieving a return to, or maintenance at, work through learning (compensatory) strategies to perform the required tasks, taking into consideration functioning limitations or potential health risks. The training consists of education, advising and practicing functional tasks and is guided or assisted by a health or social worker. Vocational support (also sometimes referred to as “supported employment”) provides individual supports to an individual at the workplace to sustain long-term employment, usually involving the employer, supervisors or co-workers.

Annex 2. Summary of declarations of interest and how these were managed

All members of the technical working group, development group and peer review group completed and submitted a WHO Declaration of Interests form and signed confidentiality undertakings prior to starting the work related to the group. The WHO Department of Noncommunicable Diseases reviewed and assessed the submitted declarations of interest and performed an internet search to identify any obvious public controversies or interests that may lead to compromising situations. If additional guidance on management of any declaration or conflicts of interest had been required, the department would have consulted with colleagues in the WHO Office of Compliance, Risk Management and Ethics. If deemed necessary, individuals found to have conflicts of interest, financial or non-financial, would have been excluded from participation on any topics where interests were conflicting. The management of conflicts of interest was reviewed throughout the process. No conflict of interest was identified.

A2.1 Members of the technical working group

Name	Expertise	Disclosure of interest	Assessment of disclosed interest
Riccardo SERRA	Psychiatrist	None declared	N/A
Lorenzo TARSITANI	Psychiatrist	None declared	N/A
Yasaman ETEMADI	Physiotherapist	None declared	N/A

A2.2 Members of the development group

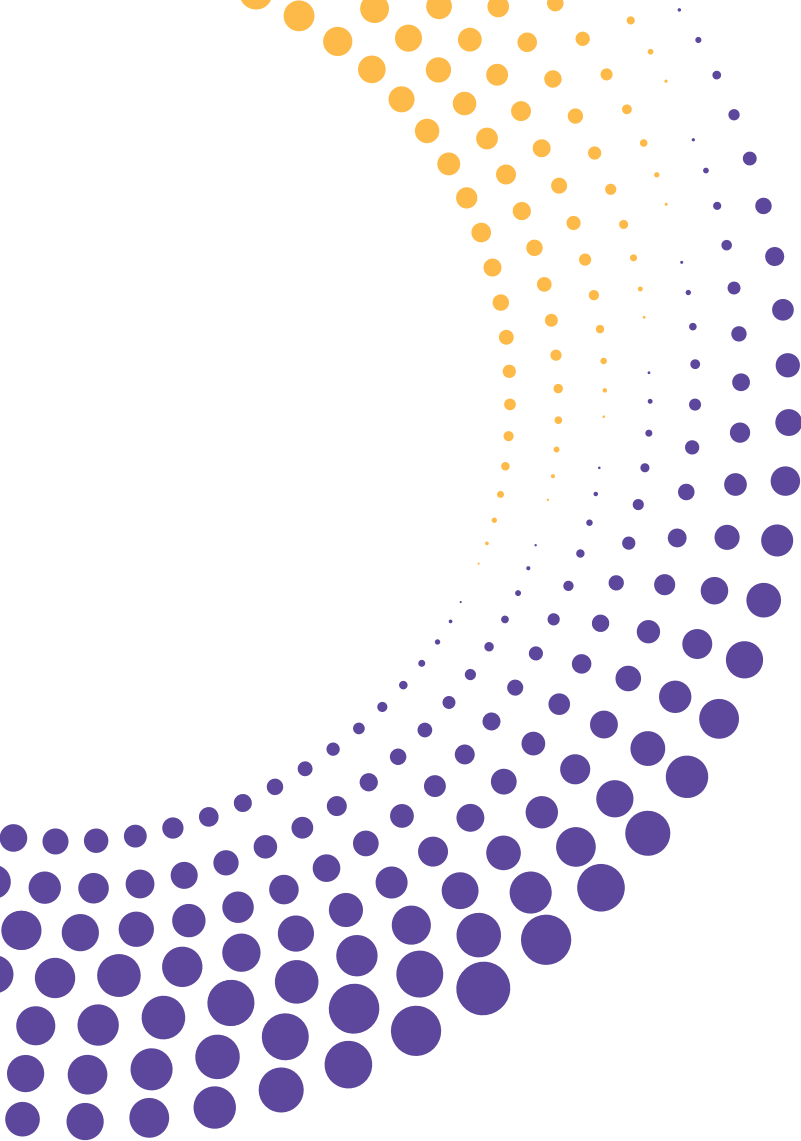
Name	Expertise	Disclosure of interest	Assessment of disclosed interest
Medhat ELSABAHY	Psychiatrist	None declared	N/A
Marianne FARKAS	Psychologist	Employment; consultancy; research funds; non-monetary support; proprietary know-how	Not significant
Wolfgang GÄBEL	Psychiatrist	None declared	N/A
Carol HARVEY	Psychiatrist	None declared	N/A
Aleksandar JANCA	Psychiatrist	None declared	N/A
Terry KRUPA	Occupational therapist	Employment; research funds; non-monetary support; public position	Not significant
Susana OCHOA	Psychologist	Employment	Not significant

Name	Expertise	Disclosure of interest	Assessment of disclosed interest
Thara RANGASWAMY	Psychiatrist	None declared	N/A
Wulf ROSSLER	Psychiatrist, Clinical psychologist	None declared	N/A
Didzis ROZENBERG	Physiotherapist	Employment; public position	Not significant
Stavros STATHOPOULOS	Physiotherapist	Employment	N/A
Charlene SUNKEL	Consumer representative	None declared	N/A
Riccardo SERRA	Psychiatrist	None declared	N/A
Bhing-Leet TAN	Occupational therapist	None declared	N/A
Jagadisha THIRTHALLI	Psychiatrist	None declared	N/A

A2.3 Members of the peer review group

Name	Expertise	Disclosure of interest	Assessment of disclosed interest
Tharina ANNANDALE	Occupational therapist	None declared	N/A
Laura ASHER	Epidemiologist	None declared	N/A
Thomas BECKER	Psychiatrist	None declared	N/A
Paulina CEDAS RAVENA	Kinesiologist	None declared	N/A
Sudipto CHATTERJEE	Psychiatrist	Research funds	N/A
Jia CHENG	Psychiatrist	None declared	N/A
Frances DARK	Psychiatrist	Employment; consultancy; research funds; non-monetary support; public position; honoraria for speaking publicly	Not significant
Kaustubh JOAG	Psychiatrist	None declared	N/A
Lamia JOUINI	Psychiatrist, Psychotherapist	None declared	N/A
Alice MEDALI	Psychologist	Public position	Not significant
Guadalupe MORALES CANO	Consumer	None declared	N/A
Julius MURON	Psychiatrist	None declared	N/A
Joanne NICHOLSON	Psychologist	Consulting; research funds, trademark	Not significant
Ellen Cristina RICCI	Occupational therapist	None declared	N/A
Justin SCANLAN	Occupational therapist	None declared	N/A
Andrew SOUNDY	Physiotherapist	None declared	N/A
Atsuko TANIMURA	Occupational therapist	None declared	N/A

Name	Expertise	Disclosure of interest	Assessment of disclosed interest
Maris TAUBE	Psychiatrist	None declared	N/A
Pieter VENTEOGEL	Psychiatrist	None declared	N/A



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