



**THE ROLES OF PSYCHIATRIC NURSES IN THE SOCIAL REHABILITATION OF
SUBSTANCE USE DISORDERS**

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Abstract: *Social rehabilitation among substance use disorders is an essential part of mental health services provided to individuals. This concept refers to combining various activities to increase individuals' ability to reintegrate into society. The rehabilitation process is aimed at supporting individuals with substance use disorders, improving their problem-solving skills, and increasing their social adaptation. These services are often provided by organizations that offer addiction treatment and rehabilitation. These institutions operate in hospital environments, and a multidisciplinary team provides treatment services. Psychiatric nurses are part of the treatment team, play an active role in observation and communication, and spend the most time with the individuals. Examining the roles of psychiatric nurses in this field is critical in terms of the treatment and systemic organization of individuals with substance use disorders. Therefore, in this article, the responsibilities of psychiatric nurses who play an active role in the social rehabilitation of individuals with substance use disorders will be reviewed.*

Keywords: *Rehabilitation, psychiatric nursing, social rehabilitation, substance use, substance use treatment center.*

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1. Introduction

Substance use disorder is a chronic brain disease characterized by compulsive use, craving, loss of control, and continued use despite negative consequences [1]. While this disease is considered an addiction in DSM-IV, it is named a substance use disorder in DSM-V [2]. Substance use disorders have become a significant public health problem not only because of their biopsychosocial complications in individuals but also because of the high cost of prevention programs, unpredictable and unmeasurable socioeconomic damages affecting all segments of society, and irreversible consequences [3,4].

For the individual with a substance use disorder, addiction treatment, which aims for a life without substance use, is a complex and time-consuming struggle. Success in this struggle is possible with the support, dedication, and discipline that follow the vital reform the individual realizes by ultimately moving away from substance use [5]. The recovery process that begins with the patient's application to the treatment center includes interdisciplinary physical, psychological, and social interventions [6].

The term 'rehabilitation' is derived from the Latin word 'habit' meaning 'to make possible again.' The French word 'réhabiliter' is also used, meaning 'the reintegration of a person who has been excluded from society due to illness or other reasons' [7]. Rehabilitation studies on alcohol and substance abuse have their origins in the United States. In addition to the use of alcohol in their social routines, Native Americans were faced with the problem of addiction due to the alcohol brought with them by European

immigrants [8]. This problem brought the community leaders together to struggle, and they stated that they could achieve success with the power of faith. In their rituals, tribal members formed a ceremonial area in the form of a circle to get rid of addiction and to get away from evil spirits [9].

Nowadays, the rehabilitation of these people begins to take place immediately after the withdrawal symptoms phase, especially after the detox step [10]. The rehabilitation stage of substance addiction becomes the most crucial step of the treatment stages that aim to reintegrate individuals into society and help them become productive and influential individuals in a positive way [11]. Repairing close relationships damaged by the impairment in social functioning caused by substance use has a strong effect on the completion of the treatment and rehabilitation process [12]. It has been found that individuals with substance use disorder who do not receive support after detoxification have recently experienced relapse [13].

Rehabilitation practices are categorized into physical, psychological, and social dimensions. Physical rehabilitation consists of activities aimed at normalizing and improving the physiological functionality of the person and aiming to maintain daily life activities with maximum capacity by increasing their physical functionality [14]. Psychiatric rehabilitation includes various psychiatric interventions aiming to improve the quality of life and coping skills and prevent disability in severe mental disorders [14,15]. Social rehabilitation aims to improve the individual's familial, social, and occupational functionality, reintegrate into society, and increase the welfare level of society [14,16].

2. Rehabilitation Models in Substance Use Disorder Treatment

There are three rehabilitation models for substance use disorders as follows.

Inpatient Rehabilitation: It defines the inpatient treatment process that includes psychopharmacological interventions after detoxification and aims to help the patient gain functionality while continuing to stay away from the substance [13]. This model is designed for patients who cannot maintain their well-being in the field of life. It is suitable for patients who receive pharmacological intervention but are not in the withdrawal process [17]. The range of this service varies in different countries of the world [9].

Intensified Outpatient Rehabilitation: This model is offered to patients who avoid inpatient treatment but want to benefit more intensively from standard outpatient rehabilitation services [18]. This service area is primarily aimed at patients with comorbid substance use disorder. In these units, between inpatient services and outpatient rehabilitation centers, patients who do not require detoxification but need pharmacotherapy management to receive services [19].

Outpatient Rehabilitation: In the regulation on "Addiction Counseling, Detoxification, and Rehabilitation Centers" published by the Ministry of Health in 2019, outpatient rehabilitation is defined as "a treatment process that includes outpatient, pharmacological and psychosocial treatments after detoxification and aims to restore the person's functionality and social recovery in addition to continuing to stay away from the addictive substance." In the same regulation, the nurse is defined as "as part of the treatment team, "to carry out all kinds of medical care of the patient according to the physician's treatment plan, to provide training to patients, to carry out routine patient follow-ups, to keep records of treatments and to fulfill other duties assigned to them by the relevant legislation" [20].

Within the scope of recovery-based rehabilitation activities in the United Kingdom (U.K.), social welfare organizations in the field of substance use disorders are supported and expanded. Some rehabilitation programs in the U.K. are as follows: hospital services are provided by different organizations in line with the patient's active substance use status and current needs [21]. In Germany, as in the U.K., rehabilitation services are provided by various organizations with different designs. Many projects and studies have been carried out to overcome the problems arising from the diversity and multiplicity of organizations (inter-agency fragmentation, bureaucratic barriers, weak inter-agency

cooperation, etc.) [22]. In Russia, the state program ‘Combating Illicit Drug Trafficking’ was launched in 2014 to prepare patients for social rehabilitation. This program coordinates activities with employment services, non-governmental organizations, and regional educational institutions. If the patient completes the rehabilitation phase, they are re-included in social life [23].

In Italy, addiction rehabilitation is carried out in cooperation with state institutions and social communities. Following the guidance of public institutions, connections are also established with private organizations [22]. Alcoholics Anonymous, Narcotics Anonymous, and San Patrignano, one of the therapeutic communities carrying out religion-based programs, is the largest rehabilitation community in Europe. Peer-supported social activities are carried out in this community, which provides free service [24]. The Access to Recovery (ATR) program was implemented in the USA in 2008. With this program, patients are provided with a service purchase voucher and can choose between treatment units. Patients can receive intensive program services according to their needs [22].

There are 125 addiction treatment centers in Turkey, 53 inpatient and 72 outpatient, with a capacity of 1192 beds. According to January 2024 data, 70 outpatient detoxification centers [25]. These centers are units where social rehabilitation activities are carried out. For this purpose, the first institution in our country to open a rehabilitation area for individuals with substance use disorders is the “Bağ Evi,” which operates in Bakırköy Prof. Dr. Mazhar Osman Mental Health and Neurological Diseases Training and Research Hospital [26]. Psychiatric nurses are essential in a multidisciplinary team working in Addiction Counselling, Detoxification, and Rehabilitation Centers. They are the team members who spend the most time with the patient and both evaluate and transmit data about the patient thanks to their observation skills [27,28]. Accordingly, this article aims to review the responsibilities of psychiatric nurses who play an active role in the social rehabilitation of individuals with substance use disorders.

3. Social Rehabilitation

For individuals with substance use disorders, the biological and psychological rehabilitation stages begin with the support the patient receives from treatment centers. Inadequate utilization at these two stages may cause the individual to transition to the active use stage [29]. The psychological and social rehabilitation that follows biological rehabilitation are two sides of the same coin. It aims to strengthen the individual's social and individual skills so that they can question themselves in the context of some concepts such as trust, understanding, questioning, communication, social principles, concepts, and ethics [30].

Social rehabilitation means correcting certain social living conditions that hinder the patient's integration into society and routines to prepare the individual to return to everyday life as a valid member of society. The patient may need guidance from a professional team to create an appropriate social integration space in the community where they live. For this reason, the routine in which the patient presents their daily-weekly flow, shares their wishes, crises, and legal-economic-social-medical problems, and continues with the ability to adapt has made significant contributions to social recovery [31].

The aims of addiction social rehabilitation can be listed as follows;

- To increase the effectiveness of biopsychological interventions
- Ensuring that the patient realizes their communication potential
- Develop time management and planning skills
- This will enable the individual to recognize the social space where they will not be harmed and maintain communicative activities in this space.
- To develop anger control and healthy coping skills in the face of adverse events
- Developing or regaining manual skills

- Improving attention and concentration
- To enable the individual to gain the ability to assess risk for new social networks and environments, taking into account past negative experiences
- Reducing the risk of relapse
- To enable the individual to acquire and maintain social roles
- Preventing and reducing the loss of workforce and criminal behavior [11,29,32,33].

4. Psychiatric Nurses in Social Rehabilitation

Psychiatric nurses play vital roles in providing support to individuals with substance use disorders, managing treatment plans, and promoting social cohesion. These roles come together to support individuals' transition to a healthier and more balanced life in the process of combating addiction. Psychiatric nurses play an essential role in coordinating a comprehensive treatment approach, taking into account the biopsychosocial needs of the individual. Nurses should evaluate the social problems experienced by the individual due to substance addiction (social support level, social relationships, roles, etc.) and ensure participation in social skills groups such as anger management, problem-solving, and communication [11].

The roles of psychiatric nurses in the social rehabilitation of addiction are as follows:

5. Evaluation

Psychiatric nurses should have the ability to assess how addiction affects the patient and their environment during the treatment and counseling process. Risk assessments in nursing practice include systematic history-taking, therapeutic communication, and data evaluation in various areas, including mental health and developmental perspectives [34].

Psychiatric nurses observe and periodically evaluate the patient's adaptation to the rehabilitation program, communication with the treatment team and other patients during the time spent in the rehabilitation center, request management, daily self-care activities, and role and responsibility awareness. The evaluation outputs are shared with other professionals in the treatment team at team meetings. The critical observations for the patient's treatment are communicated to the relevant professional. They also share observational outputs about the patient with the patient and their family in a way that contributes to development.

During the daily good morning meetings and individual interviews, the patient discussed problems in their social life that may cause relapse. This offers the patient the opportunity to evaluate themselves. In addition, by ensuring the socialization of individuals, therapeutic group activities that will increase their self-esteem and entrepreneurship will be organized, and they will be observed by encouraging their participation [6,35].

5.1. Consulting

Counseling is the cornerstone of addiction treatment. Psychiatric nurses provide emotional support to individuals struggling with addiction. They conduct one-to-one interviews with patients, focus on their emotional needs and problems, and apply methods to increase their motivation. They help patients recognize their addiction-related habits and problems. This helps start and continue with individual or group sharing [36]. In addition to recovery interventions that help recreate healthy behaviors, the psychiatric nurse counsels the patient to develop coping methods when a dangerous situation arises

5.2. Communication with Family and Community

The active addiction process leads to the patient's detachment from the network of family and social relationships. The rehabilitation process aims to reintegrate the patient into social life by improving the relationship between the two parties [37]. Psychiatric nurses can communicate effectively with the families of individuals struggling with addiction and become a channel of communication for them to understand each other. This strengthens the individual's social support system and the continuity of social ties. This bond maintained in remission helps the individual with substance use disorder to regain the trust of their family and society. Thus, the individual gains a new opportunity to understand the importance and willingness to recover [38]. In this direction, the psychiatric nurse evaluates the family within the scope of care service and includes them in the care process.

Social rehabilitation aims at the functional integration of the individual into their environment. The psychiatric nurse is a professional motivator in the patient's social life in which the patient is readjusted in practical activities (education, social routines, parenting/child care, economic gain) [39]. Research has shown that if the small environment, i.e., family, friends, neighbors, and co-workers, continues to see the person in remission as an active addict, it can cause the person to feel more psychological pain [40]. The most critical difficulties in the social integration of individuals with substance use disorders are the stigmatization in the community due to the problems arising from active use. The participation of these individuals in the field of social activity and the roles they will take after social rehabilitation can reduce the stigmatization of patients [39]. In this direction, the psychiatric nurse advocates for the patient to be accepted as an "individual" in the society in which the patient lives and continues educational activities on stigmatization to change society's perspective on addiction [31,32].

5.3. Education and Awareness

Nurses use a variety of methods to raise awareness and educate individuals and society about what addiction is, how it develops, its effects, and the risks and harms associated with addiction. This addiction education activity may include not only substance-related addictions but also other types of behavioral addictions such as gambling, shopping, etc. Within healthy life skills, the psychiatric nurse covers stress management, communication skills, emotion regulation, healthy eating, regular exercise, and avoiding harmful habits in good morning meetings and individual interviews. As relapse prevention interventions, they address topics such as recognizing risky situations, establishing positive support systems, avoiding harmful environments, and crisis intervention. Emphasizes the importance of healthy relationships. It informs the patient on how to establish or strengthen support systems. Educational activities enable the patient to gain self-esteem and self-confidence as much as possible and to know the reality in which the patient lives [40].

To gain acceptable social perception capacity in the fight against addiction, it is one of the duties of the psychiatric nurse to develop a positive perspective and instill social acceptance dynamics for rehabilitation activities through cooperation between family, educational institutions, non-governmental organizations, and media [40]. In the social rehabilitation of individuals with substance use disorders, it is necessary to involve social organizations in efforts to combat substance use and training activities [41].

5.4. Planning and Implementing Care

The nurse creates and implements an individualized care plan based on the patient's needs. This plan includes psychosocial, physical, and mental health interventions, such as nutrition, exercise, medication, therapy, and support groups. These interventions are carried out and evaluated according to the determined care needs [28,42].

5.5. Social Cohesion and Rehabilitation

Substance use destroys family processes and leads to additional substance-related crimes and public safety risks [43]. The community rehabilitation process aims to increase "social cohesion," which ensures that the person's physical, mental, social, and economic status reaches the best level to ensure the integration of the addicted individual with the community in which they live [44]. Social rehabilitation allows patients to trust and respect themselves, gain self-confidence, and create an integrated social identity [45]. Psychiatric nurses closely monitor and support individuals' adaptation to society and return to their everyday lives in the rehabilitation center and through family observation outputs. Social adaptation is a process that may include finding a job, education, and access to other social resources, including the family. Because in active substance use, the family also has to leave the network of social relationships due to addiction [37]. During the treatment process, the patient receives social adaptation and acceptance training. It is aimed at helping the patient regain the trust of their family and society. The patient's behavior toward this goal proves their seriousness and willingness for recovery and normalization [38].

5.6. Crisis Intervention

Crises encountered in the fight against addiction require rapid identification and effective intervention. Therefore, in a crisis, the psychiatric nurse makes an objective assessment, identifies the need for support, provides a safe environment, creates a supportive space, and gets help if the situation management is profound. After the interventions during the crisis, it helps the individual with substance use disorder to recover and make sense of the crisis. It makes a plan in cooperation with the patient to prevent similar situations after the crisis, supports the patient in developing coping strategies, and processes the themes that every crisis is temporary and an opportunity for development [46].

6. Conclusion and Recommendations

Social rehabilitation includes some interventions that will increase the harmony of the individual with substance use disorder with the community and prepare the individual to return to life as a valid member of society [32].

The participation of psychiatric nurses, who take an active role in this intervention area, in the process by knowing their duties and responsibilities is essential for the treatment institution, the patient with substance use disorder, their family, and society. In summary, psychiatric nurses serving in addiction rehabilitation centers:

- Show a supportive attitude toward increasing the patient's potential and communication skills.
- Explain to the patient in a non-judgmental and non-encouraging language the characteristics of the environment in which they were adapted during the period of active substance use.
- Support the patient in exploring and pursuing legitimate areas of social motivation.
- Define their daily roles within the program, make observations
- Consider the patient's social complaints in addition to biopsychological problems and share them with the multidisciplinary team for appropriate intervention
- Evaluate the patient's ability to communicate and adapt with other people receiving treatment services and the treatment team
- Provide support and counseling for the revision of the patient's professional or academic life, which the patient cannot maintain due to active substance use.

Ethical Statement:

This paper is exempt from the Institutional Ethics Committee review since it does not involve human subjects.

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There is no conflict of interest to declare.

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