

Practice of Community Vocational Rehabilitation Empowerment for Patients with Mental Disorders

—A Case Study on the “Walking with Love” Project in Y City

Jianxin Wan

College of Law and Political Science, Zhejiang Normal University, Jinhua, China

Email: 258238619@qq.com

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Abstract

Exploring the practical path to improve the efficiency of community vocational rehabilitation for patients with mental disorders is of great significance to deal with the practical problems of difficulties in returning to normal society, low employment rate and poor employment stability. Previous research has primarily focused on the technical paths such as biomedical therapy and indigenous healing, while excluding the humanistic path of patients' empowerment. Through the participatory observation and in-depth interview on the practice of “Walking with Love” project designed based on the theory of social work empowerment, it is found that the four analytical dimensions of perception, participation, interaction and support can be extracted from the three levels of individual empowerment, interpersonal empowerment and social empowerment, which can stimulate the inner beliefs and self-efficacy of rehabilitation, promote their subjective participation and social interaction, and build a social support network. This empowerment process can significantly improve their community vocational rehabilitation effect. The findings further indicate that, perception, participation, interaction and support together constitute social capital, which plays an intermediary role in the process of social work participating in community vocational rehabilitation empowerment. Among them, perception is the core of individual self-empowerment, participation and interaction are the cores of interpersonal empowerment, and social support is the core of social empowerment.

Keywords

Patients with Mental Disorders, Community Vocational Rehabilitation, Empowerment, Mental Health Social Work, Psychiatric Social Work

1. Introduction

In recent years, with the transformation of rehabilitation mode for the disabled from medical mode to social mode and with the development of “de-institutionalization movement” (Thara, 2004), the community has gradually become the main field of rehabilitation for patients with mental disorders after discharge. Community rehabilitation is the main way for patients to relieve symptoms, reduce recurrence and pain, improve their quality of life and enhance their social functions (Wang & Cai, 2014). Vocational rehabilitation is an important part of community rehabilitation activities. However, at present, the development of community vocational rehabilitation for patients with mental disorders in China still needs to be led and promoted by the government to a large extent. Many people with mental disorders who accepted community vocational rehabilitation are generally facing problems such as welfare dependence (Zhu, 2017) and unsatisfactory employment rate (Hu, Chen, & Liang et al., 2020). This is not only detrimental to the recovery of patients, but also a burden on public finances. Therefore, exploring the practical path to improve the efficiency of community vocational rehabilitation for patients with mental disorders has become one of the urgent problems in the field of mental health.

2. Literature Review

2.1. Review on Community Vocational Rehabilitation of Patients with Mental Disorders

Since 1950s, western countries have begun to attach importance to community rehabilitation for patients with mental disorders (Joy, Adams, & Rice, 2006). Community vocational rehabilitation is one of its important contents. Vocational rehabilitation is a relatively mature psycho-social treatment method in the West. It refers to that mental illness rehabilitation workers help patients whose mental disorder symptoms are stable after discharge train work and social skills, help them acquire and maintain a career, obtain income, and enhance their self-confidence and self-identity, improve the quality of life, better return to society. Vocational rehabilitation is not only a treatment, but also an employment system for the mentally disabled (Wang, Hector, & Shi, 2007). The western countries started vocational rehabilitation for patients with mental disorders much earlier, and formed relatively complete vocational rehabilitation service modes. Typical ones are as follows: American Vocational Rehabilitation Service Resource Network for the Disabled mainly includes vocational rehabilitation donation projects, client assistance projects, rehabilitation training and supportive employment (Rothman, 2013); German Vocational Rehabilitation System emphasizes vocational training and compulsory employment measures (Wang, 2002); Hong Kong has learned and developed the vocational rehabilitation experiences of western countries, and its vocational rehabilitation services provided for patients with mental disorders include sheltered employment, assisted employment, comprehensive vocational rehabilitation service center, such as “Sun-

shine on the Road” training program and extended vocational rehabilitation program (Huang, 2010). A recent study completed in Zimbabwe shows that community-based indigenous therapy under local traditions and beliefs is effective in the treatment of mental disorders in low-income countries, and it is an important supplement to conventional biomedical therapy (Kajal, Chiweshe, & Mapara, 2019).

Compared with overseas countries and regions, the researches on community vocational rehabilitation for patients with mental disorders in China mainland started late and lagged behind. According to service contents, domestic practices mainly include supported employment (Zhu, Zhu, & Chen et al., 2019), assisted employment (Fu, 2015) and comprehensive employment (Xu, 2014). In terms of management mode, there are clubhouse mode (Gao & Mu, 2015), work-rehabilitation center mode (Yang, 2012) and comprehensive mental rehabilitation institution mode (Li, 2013). Regarding researches on vocational rehabilitation practice strategies, some of the most representative achievements are as follows: tokens stimulation method can enhance vocational skills training effect, especially can improve the negative symptoms of schizophrenia and their social function as well as their labor quality and labor attitude (Zhou, Wu, & Wang, 2012); Open occupational therapy which allows patients to engage in real work, can gradually have some social functional defects rectify and have work skills improve (Bai & Cheng, 2012). It had been proved that agricultural training therapy can improve the rehabilitation effect of schizophrenia patients in rural communities (Xu, Cai, & Zhou et al., 2018). Also, occupational rehabilitation compensation therapy showed positive psycho-social value significance in self-esteem, happiness, rehabilitation efficacy, social support, participation and compliance, relapse rate and medical costs reduction of chronic psychiatric patients (Feng, 2016). As for researches on community vocational rehabilitation effect, the focuses were mainly put on the patients’ mental symptoms, the employment situation, patients’ real feelings, etc. It was generally believed that interventions of vocational skills training and other vocational services can not only improve mental symptoms and social function, but also improve their self-care ability and the employment situation so as to improve their quality of life.

2.2. Review on Community Vocational Rehabilitation of Patients with Mental Disorders in the Perspective of Social Work

Since 1960s, social workers in the United States have been paid more and more attention by all sectors of society because they played a great role in helping patients with mental disorders recover from illness and return to society (Hu, Chen, & Liang et al., 2020). The organizations that undertake most vocational rehabilitation services in Hong Kong are also non-governmental organizations supported by Social Welfare Department (Huang, 2010). The professional social work in China mainland started late, but its positive role of intervention in community rehabilitation of mentally ill persons has gradually been recognized

by the academic community. For example, the effect of social work case management intervened in severe psychiatric disorders (Huang, Liang, & Ke et al., 2016) and of group work intervened in social function recovery of community rehabilitation for schizophrenic patients (He & Yu, 2015) are remarkable. However, the service level of social work intervention in community vocational rehabilitation of patients with mental disorders is still relatively basic. For instances, He Pei, taking Chengdu “Light of Hope” Clubhouse as an example, pointed out that the current social work services only relate to organizing group recreational activities, community publicity activities, etc. (He, 2015); Under the case investigation of Hangzhou Zhaohui Work-rehabilitation Center, Yang Kexin found that the vocational rehabilitation services are basically referring to simple manual labor work (Zhu, Zhu, & Chen et al., 2019); Besides, the comprehensive mental rehabilitation institutions typically represented by Shanghai Sunshine Soul Park also have a high proportion of simple manual processing services (parts processing accounts for 44%, simple packaging accounts for 22%, and handicraft production accounts for 56%), followed by social adaptability training and skills training programs, which account for 11% and 22% respectively, while assisted employment and participating in community service are still zero (Li, 2013). Another study pointed out that due to the improper arrangement of some current rehabilitation projects, the state of powerlessness of the mentally ill patients has been further solidified, resulting in the lack of the key ability of their employment, and ultimately unable to truly return to society and resume employment, thus staying in the rehabilitation project (Hu & Yang, 2019).

2.3. Summary

To sum up, there are abundant achievements domestic and abroad in theoretical research and practical activities on vocational rehabilitation of patients with mental disorders. Generally, the researches in the field of community vocational rehabilitation in China mainland are still in its basic stage. At present, the dominant focuses are put on medicine and rehabilitation perspectives, which care about biomedical therapy on patients’ mental symptoms improvements. The recent researches have gradually proved that social work intervention in community vocational rehabilitation of the mentally ill persons had a significant effect, and the state is strongly advocating the introduction of social forces participating in the undertaking of supporting the disabled. However, the existing researches on social work intervention tended to provide supplementary recreational services in the forms of individual case work, group work and community activities, and seldom explore deeper community vocational rehabilitation services for the mentally ill persons from the perspective of social work empowerment.

On top of this, this paper intends to use the empowerment theory of social work to construct the analysis framework of community vocational rehabilitation for patients with mental disorders, and explore the empowerment practice mode of social work intervention in community vocational rehabilitation, so as

to expand the theoretical research perspective and practical experience of community vocational rehabilitation for patients with mental disorders in China, and further promote social forces to participate in and support mental health undertaking of China.

3. Research Design

3.1. Theoretical Analysis Frame

According to the empowerment theory of social work, empowerment usually occurs at individual, interpersonal and social levels (He, 2007). Individual empowerment means individuals feel that they have the ability to influence or solve problems. Interpersonal empowerment refers to individuals cooperate with others to get the experiences of problems solving. Social empowerment refers to that some policy or political changes can be achieved (Lee, 2001). In the application of health practice, empowerment theory is mainly embodied in the following four dimensions: belief and attitude, knowledge and ability, behavior and performance, support and resources (Yang, 2017). The connotation of health empowerment includes the patient's experiences and inner strength, the patient's active participation, the patient's interaction with others and the social environment, and empowerment is both the process and the result (Zhang & Jiang, 2012). As a typical health practice, the empowerment effect of community vocational rehabilitation is also influenced by factors such as self-perception experience (Wallerstein, 1992), active participation (Thorne, Nyhlin, & Paterson, 2000), social interaction (Shearer, 2004) and social support (Yang & Zeng, 2017) of people with mental disorders.

So, based on the both references of social work empowerment theory and health empowerment theory, this paper constructed a social work empowerment process model of community vocational rehabilitation for patients with mental disorders, which includes the following four dimensions: perception, participation, interaction and support (see Figure 1). Perception, which is also belief and

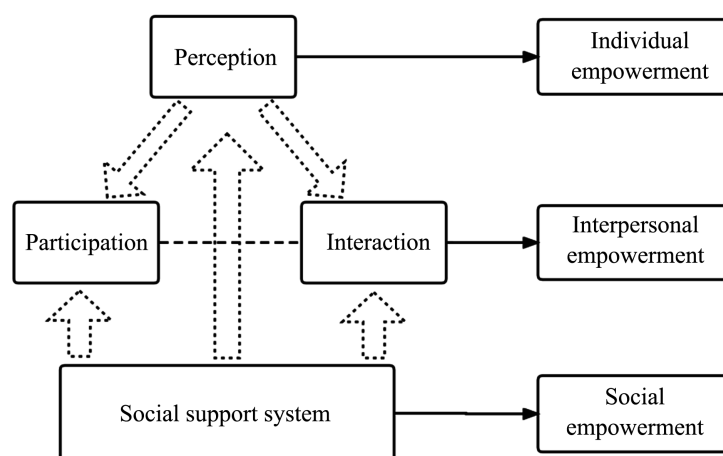


Figure 1. Analytical framework of empowerment practice in community vocational rehabilitation for patients with mental disorders.

attitude, refers to the development of sense of self with more positive significance and potential exploration, including rehabilitation consciousness and rehabilitation efficacy specifically. Patients with mental disorders can realize their individual self-empowerment in the true sense by setting up a proactive awareness of rehabilitation and strengthening their determination and confidence in rehabilitation. Participation means actively participating in the whole rehabilitation process. Interaction refers to improving the rehabilitation effect through interaction with others and the environment. The process of vocational rehabilitation for patients with mental disorders is not a process that can be easily realized by the patients themselves. Only when patients themselves actively participate in and actively interact with others and the environment to achieve interpersonal empowerment containing self-help and mutual assistance, can positive rehabilitation effects be achievable. Support refers to the social support system that includes the integration and utilization of personal resources, family resources and social resources. From the macro level, the powerlessness of patients with mental disorders is the result of lack of supports and resources. So, building a multi-ecological social support network to realize social empowerment is an indispensable part of the process of vocational rehabilitation empowerment.

3.2. Materials & Methods

The purpose of this paper is to explore the practical path of community vocational rehabilitation empowerment for patients with mental disorders with the help of social work. Case study is a more appropriate research method of answering this kind of question of HOW (Eisenhardt, 1989), so this paper adopts the case study method. The whole research process is conducted with the informed consent of all interested parties.

This paper takes the “Walking with Love” project carried out by XH Social Work Service Center (XH) in Y city as the case study object for the following considerations: First, at present, most social organizations for the disabled in Y city are led by the government, and under the supervision of Civil Affairs Bureau or the Disabled Persons’ Federation. They are set up and run in the way of government purchasing services under the impetus of public policies, so most of their operating funds come from government investment. XH was registered and established in 2015 and can be a representative in Y city as one of the social work organizations that undertake the government’s purchase of disabled support services. Secondly, based on the author’s participatory observation, compared with the community vocational rehabilitation service for patients with mental disorders under the traditional concept that is conducted by most peer organizations, the services provided by XH aim at restoring patients’ social functions and promoting their reintegration into society, and vocational rehabilitation is regarded as the process and means of recovery rather than service only for mentally ill persons under the professional social work concept, so it has its certain typicality. Thirdly, the “Walking with Love” project has been carried out for 7 years, and has accumulated rich experiences in vocational rehabilitation

services. Especially, its service concept of focusing on empowerment is worth learning from peers and practitioners in related mental health fields.

The material of this paper comes from the author's participatory observation and in-depth interview at XH in Y City from June to August 2021. The contents of participatory observation mainly include the patients' daily behaviors and expression, performance of participation and interaction, social support and their changes in the process of vocational rehabilitation, the service mode of social workers, and the evaluation from the society. In-depth interviews involved 11 interviewees who are people with mental disorders and their family members, social workers, special school teacher, social welfare institution worker. See **Table 1** for more details. According to the research purpose and previous literature review, the preliminary interview outline is drawn up from four dimensions: perception, participation, interaction and support. The outline contents generally include: How did you get involved in the community vocational rehabilitation project? Do you have any specific plans for the treatment and rehabilitation? Do you often discuss your rehabilitation plan with your family, friends, social workers or other people? After getting sick, who did you get help from? What difficulties have you encountered in the process of vocational rehabilitation and employment? How are these difficulties solved? Are you satisfied with your job? How do you evaluate your participation in vocational rehabilitation in the community? For the interviewees other than patients, the way of asking questions will be adjusted accordingly, but the interview contents will still be conducted

Table 1. The basic information of interviewees.

Reference	Gender	Age	Mental Symptoms	Years of Vocational Rehabilitation	Patient Source	Employment Status
Patient YS	Female	18	Schizophrenia	5	Y Social Welfare Institution	Employed
Patient XH	Male	18	Schizophrenia	2	X Special School	Employed
Patient WJ	Male	30	Schizophrenia	3	C Community	In Vocational Rehabilitation
Patient WF	Female	36	Anxiety	5	C Community	In Vocational Rehabilitation
Patient LH	Female	30	Depression	3	X Community	In Vocational Rehabilitation
Father of Patient XH	Male	45	/	/	/	/
Mother of Patient LH	Female	55	/	/	/	/
Social Worker C	Female	53	/	/	/	/
Social Worker L	Female	48	/	/	/	/
X Special School Teacher T	Female	42	/	/	/	/
Y Social Welfare Institution Worker W	Female	52	/	/	/	/

according to the above outline. Because the author participated in the implementation of the “Walking with Love” project for three months in person, the appropriate interview time has been selected flexibly according to the patient’s state during the whole participation process. The interview time is not fixed, but more than 3 interviews had been conducted over each interviewee.

4. Practice of Community Vocational Rehabilitation Empowerment Service for People with Mental Disorders

4.1. Case Introduction

The “walking with love” project has been in operation since 2015, and has carried out community vocational rehabilitation services for a total of 7 years. The service objects of this project come from the students or graduates of X Special Education School and some other community mental rehabilitation objects. The service objective of the project is to enhance the patients’ work ability, improve the employment rate and employment stability, and build a social support system. The main service methods used in the project are group work and case management. Specific services include: life skills training, social skills training, vocational skills training, open employment and employment tracking services. Based on years of accumulation, the “walking with love” project has become a brand project in the field of community vocational rehabilitation services for patients with mental disorders in Y City.

4.2. Practice Process of Community Vocational Rehabilitation Empowerment for Patients with Mental Disorders

4.2.1. Perception: Get the Motivation of Self-Empowerment

According to Lord, for most of the vulnerable people, their impetus to empowerment was not a conscious decision but affected by a life crisis or life transition, anger or frustration, useful information, inherent strengths and capabilities (Lord & Hutchison, 1993). Specifically, at the level of community vocational rehabilitation for patients with mental disorders, patients are usually unable to realize their own powerless state, let alone their rehabilitation self-efficacy, due to long-term mental symptoms. It is therefore crucial for social workers to intervene in professional services at this stage. For the clients of “Walking with Love” program, they have three identities: patients, trainee and independent individuals. As patients, they need to follow the medical staff’s instructions for treatment and rehabilitation; As trainees, they need to abide by the institution’s regulations; As individuals, they have the right to express their subjective experiences and inner perceptions. The vocational rehabilitation under traditional concept emphasizes either the patient’s compliance or the trainee’s compliance, and rarely pays attention to the individual independence of the patient or the trainee. Noticing the conflicts between the three roles, the social workers of XH, under the guidance of profession values and ethics of respecting the clients, understood their real experiences and inner perceptions through the working me-

thod of case management, and established case files to be shared by medical staffs, educators, families and the Welfare Institution workers. In the process of identifying and understanding clients' real experiences and inner perceptions, providing them quality rehabilitation services and helping them make realistic choices, the clients' empowerment are gradually promoted.

“For ordinary people, it is not easy to be aware of yourself clearly, and it is even more difficult for people with mental disorders. Therefore, we focus on helping them strengthen their self-awareness, because the follow-up service contents such as subjective participation and interaction with other people and society need to be based on the endogenous motivation of patients.” (Interview data ZY20210610C)

4.2.2. Participation: Reconstruct the Relationship with Others

The collective experience affords a level of trust and comfort with others and a vehicle for asserting oneself (Watt & Rodmell, 1988). Looking from the generating process of empowerment, people with mental disorders need to be actively involved in the recovery process to gain collective experiences at the same time of expressing their real experiences and inner perceptions. YS is one of the clients of the “Walking with Love” program. She is an 18-year-old pretty orphan who spent her primary school time at ordinary school. Because of her mild intellectual and mental disability, she was sent to study at a special vocational school starting from the period of middle school. Under observation and communication with her participating in community vocational rehabilitation activities, YS expressed her wish to be a preschool teacher at first. After the ability assessment, social workers, school teachers and the Welfare Institution workers all concluded that YS did not have the physical and mental conditions to get and engage in preschool teacher education. So social workers had a deep communication with YS and suggested her try out skills she might be better at, such as learning make-up. At the beginning, YS was quite resistant and angrily refused to learn make-up, believing that the social worker did not understand her. In this situation, social workers decided to create a chance for YS to get along with children through the weekend activities of the “Walking with Love” program starting with some simple skills. After trying for few weeks, YS agreed she was really not good at dealing with children, so she went to the social worker and expressed her willing to learn make-up. What a surprise, YS was extremely talented in make-up and learned quickly and well. Anderson & Funnell once pointed out that empowerment occurs only when the educational goal of professionals is to increase patients' ability to think critically and make autonomous informed decisions (Anderson & Funnell, 2010). YS is a case where empowerment happens in the endogenous motivation level.

“Since joining the ‘Walking with Love’ group, social workers help me discover my strengths and encourage me to make plans for my future. Other partners also make suggestions for my plan. I feel my confidence in myself has increased.” (Interview data ZY20210628YS)

4.2.3. Interaction: Restore Social Roles

In the field of health, empowerment is regarded as a participatory process related to the environment (Herbert, Gagnon, & Rennick et al., 2009), while support and resources are the concrete manifestations of it (Yang, 2017). The process of participating in the environment is actually the process of interacting with the environment, including both active interaction and passive interaction. Active interaction includes patients actively seeking help from others or society and actively using environmental resources, while passive interaction includes support and resources from family, medical staff, peers, community and society. Through the interaction with environment, patients with mental disorders gain a sense of participation, reduce social isolation, and then restore social roles. When the mentally ill persons are recovering at home, their space of activities is very small. They are either confined to stay at home or they themselves are reluctant to go out and contact people. The activities when staying at home are also very simple which are basically watching TV and sleeping. In addition to finishing their own daily dressing, eating and some other very simple housework, they rarely participate in any more complicated things. This is because, on the one hand, they have no confidence in communicating with others and are even afraid of going out due to their mental disorder performances. On the other hand, their families also treat them as special individuals and give them abnormal treatments. According to the social workers of XH, most of their clients stayed at home too much before participating in their “Walking with Love” activities. Obviously this living status of less living ability training, insufficient work skills, narrower social circles, low self-esteem, strong sense of inferiority, will have the patients’ situation get worse and worse, which will eventually put them enter a closed abnormal living state. There was a study shown that normalization is the favorable condition for the recovery of patients with mental disorders (Ye, Feng, & Hu et al., 2018). Again, take the case of YS mentioned above as an example, she was introduced to a regular job at an image design studio after an ability assessment. Indeed it was a long and difficult process for YS to adapt to the normal society, but with the help, encouragement and support of social workers, she finally got through the adjustment process. Because of her good make-up skills, an increasing number of customers started to book her time. Her life became much better and normal day by day.

“YS’s greatest change is her subjectivity compared with her life in the Social Welfare Institution. It seems that she is now having her own life goal. I could tell a lot of smiles from her face. Since her participation in the ‘Walking with Love’ Programme, the role of ‘the girl who is very good at make-up’ becomes her identity label.” (Interview data ZY20210816W)

4.2.4. Social Support: Consolidate the Empowerment Network

Early in 1950s, the French sociologist Durkheim found that the strength of social bonds was associated with mental disorders such as suicide (Durkheim, 1950). Recent studies have also shown that patients with schizophrenia and affective

disorders have a lower level of accessing and utilizing social support resources than normal people (Zhai, Hu, & Yang et al., 2018). The solution to change this state of powerlessness is environment enrichment, that is improving the environment in which these people live (Barber, 1986). Therefore, the construction of social support network is an environmental support for patients with mental disorders to actively participate in vocational rehabilitation. Social work places great emphasis on the change of harsh environment. The establishment of social support system is also a crucial aspect that XH attached great importance to in the process of community vocational rehabilitation services for people with mental disorders. First of all, the encouragement and comfort from the families are the biggest support for the disabled. However, in real life, family members of patients are often in a bad situation of depression and tension due to multiple pressures such as financial problems, limited time and energy, and social stigma. To this end, "Walking with Love" program has developed a family empowerment study group. The activity contents include helping patients' families analyze and identify their current situation, re-plan their lives from the perspective of "family strengths" (He, 2007), and help guardians establish warm and harmonious family relations with patients. At the same time, peer support is established among patients' families through family empowerment study group.

Patients' peer group plays an indispensable role in the process of community vocational rehabilitation as well. Social workers of XH organized 8-10 patients with certain homogeneity from different families to carry out vocational education group activities as the first step to promote them to reintegrate into society. Vocational education groups not only help group members learn vocational skills through activities but also learn social skills through peer learning.

"Most of the vocational rehabilitation services I have seen just taught people how to do simple handwork rather than led them how to think. Honestly, those labor skills are very mechanical ones, such as beading, packing, simple assembling. While the vocational training under social work concept is different from other ordinary ones. It seemed that their activities had been carefully designed in advance, and the social workers are more focusing on exploring and developing the patients' potential. I think the vocational education group activities are particularly meaningful. Since my daughter suffered from severe depression, she rarely communicate with me, but gradually with the help of social workers, she inadvertently increased communication with me. Though it was still rare, I can see the hope." (Interview data ZY20210816LH)

Objectively, the current system of vocational rehabilitation for the mentally disabled in China is not perfect. There is a lack of continuity of services and resources between special education schools, rehabilitation hospitals, communities and homes. Schools tend to pay attention to education and vocational skills training, hospitals mainly pay attention to physical and mental recovery, and homes pay more attention to daily care. The lack of continuity between these institutions and between services makes the social integration of patients less than ideal. The service mode of XH social work service center simply responded to

this defect. It tried to build a bridge between institutions and between services, utilize social resources, regulations, public facilities and social environments to provide support and security for the vocational rehabilitation life of mentally disabled people.

5. Conclusion

This paper discusses the practical process model of social work intervention in community vocational rehabilitation of patients with mental disorders from the perspective of empowerment theory by case study. First of all, improve the rehabilitation consciousness and efficacy of patients with mental disorders by excavating their own real experience and inner perception; Secondly, encourage patients to take the initiative to participate, and improve their rehabilitation knowledge and skills during participation; Third, promote the interaction between patients and others as well as the environment, and strengthen their interpersonal trust and reciprocity; Finally, help patients build a multidimensional social support system composed of family, peers, community and society, and improve the rehabilitation effect by strengthening social connection. Compared with the previous research on the practice process of improving the efficiency of community vocational rehabilitation for patients with mental disorders, the research contribution of this paper is mainly reflected in the following aspects:

5.1. Social Capital Is an Intermediary Factor That Affects the Efficiency of Community Vocational Rehabilitation for Patients with Mental Disorders

Existing studies mostly discuss the application and effect of community vocational rehabilitation for patients with mental disorders from the aspects of community vocational rehabilitation mode and employment assistance methods, but there is still a lot of research space for the key influencing factors of rehabilitation efficiency. This study found that social capital, composed of variables of perception, participation, interaction and social support, plays a key intermediary role in the process of social work participating in community vocational rehabilitation empowerment practice for patients with mental disorders. In general, the concept of social capital was put forward by French sociologist Bourdieu, who pointed out that there are three basic forms of capital: economic capital, cultural capital and social capital (Bourdieu, 1980). Nahapiet has further divided social capital into three categories: structural social capital, relationship social capital and cognitive social capital (Nahapiet & Ghoshal, 1998). As far as patients with mental disorders are concerned, social capital, which involves interpersonal trust, cooperation and reciprocity, cognition and other dimensions, is an important influencing factor for their lack of community participation motivation, low efficiency of obtaining rehabilitation resources and low efficiency of employment. From the case analysis of this paper, it is found that the vocational rehabilitation consciousness and rehabilitation efficacy of patients with mental disorders are the important cognitive capital that affects the patient individuals'

power. An active healthy consciousness of rehabilitation and self-efficacy can promote the construction of patients' cognitive capital, so as to further improve their individual powers. Besides, the active participation of patients and their interaction with others and the environment in the process of rehabilitation can promote the trust and reciprocity between patients and between patients and the social environment, and then enhance interpersonal powers through the construction of relationship capital. In addition, by building a social support network, the social connection between patients and between patients and society can be strengthened, thus improving the powers of patients with mental disorders at the social level through the optimization of structural capital.

5.2. Perception Is the Core of Individual Empowerment in Community Vocational Rehabilitation for People with Mental Disorders

Personal empowerment refers to an individual's feeling of being able to influence or solve a problem, focusing on an increase in personal confidence. In the process of accompanying and assisting clients in community vocational rehabilitation, the first thing social workers need to do is to comprehensively collect clients' physical condition, hobbies, personality, family environment, et al. Based on these information, help and guide them express their real experiences and inner feelings with real focus, listening, empathy, encouragement and respect. For most patients with mental disorders, complete recovery may not be achieved. Social workers should assist them in building attitudes of self-acceptance, self-satisfaction, long-term coexistence with the mental disorder symptoms, and gradually achieving the state of self-reconstruction. On this basis, social workers further stimulate the client's potential abilities and spirit of self-independence, so as to regain their self-confidence, reconstruct their social and spiritual value system. It is appropriate for social workers to use case work related processes and techniques in this individual empowerment of community vocational rehabilitation for people with mental disorders.

5.3. Participation and Interaction Are the Cores of Interpersonal Empowerment in Community Vocational Rehabilitation

According to the view of the empowerment theory, power is not a scarce resource, but can be derived continuously through effective interaction between people (He, 2007). In practical work, the service objects of mental disability should be fully involved in the formulation, implementation and evaluation of rehabilitation plan. Social workers should pay attention to the fact that power is by no means given, and the power of disabled people can only be stimulated and enhanced in the process of mentally disabled people's active participation. In this process, social workers should especially promote the establishment of the subjectivity status of the service objects and attach importance of inspiring their subjective initiative. Whether to exert subjective initiative is the key to distinguish social work intervention in community vocational rehabilitation of pa-

tients with mental disorders in the perspective of empowerment from traditional mode.

The interpersonal interaction of mentally disabled clients is also an indispensable means of empowerment. The process of interaction is a process of imperceptibly sharing power. This includes interactions with social workers, peers, family members and the social environment. The process of interaction is also a process of communication. Communication and interaction in any of the above scenarios can promote the growth of the various skills of the mentally disabled clients. Of course, until they are independent enough, social workers need to follow up and guide them throughout the process, and particularly help to create a friendly and decontaminated interactive social environment.

5.4. Social Support Is the Core of Social Empowerment in Community Vocational Rehabilitation for Patients with Mental Disorders

Adequate resources and a friendly environment are the fundamental guarantee of vocational rehabilitation for people with mental disorders who lack rights and abilities. The low social acceptance of people who have recovered from mental illness is a major obstacle for them to return to society. Furthermore, today's society is extremely competitive under multiple work and life pressure, the proportion of patients with various mental disorders is increasing year by year. Mental health problem is no longer a personal problem, but gradually become a social problem. To this end, social workers also need to pay attention to social advocacy and be committed to the empowerment of their clients at the social level. Building social support network is the core of social empowerment in community vocational rehabilitation for people with mental disorders. The support network includes psychological care, encouragement and material support from patients' relatives and friends, as well as national disability protection policies, social welfare and public mental health facilities. It is an important task for all rehabilitation workers to integrate multiple support networks and put them to play a synergistic role and ensure the accessibility of support network resources.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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