

Rehabilitation of the Young Schizophrenic Patient

By B. W. DURRANT

During the treatment of mental illness, a phase is reached when the patient is encouraged to resume his life in the community by spending increasing periods of leave at home.

Whilst problems of supporting him in society have been investigated and largely overcome by the development of "community care", the difficulties of the preceding transition stage have received less attention.

Pao (*Psychiatry*, 1960, 23, 199-207) mentions the need to bridge the gap between in-patient treatment and the patient's returning home, and describes, psycho-analytically orientated doctor/family/patient interviews during this important phase.

This paper describes a programme evolved primarily to help the transition of young schizophrenic patients from hospital to the community by means of social and counselling groups directed at the patient and his parents.

It was recognized that schizophrenic patients prefer solitary pursuits and find difficulties in initiating and sustaining inter-personal relationships. In addition, the patient's parents, being emotionally involved in the situation, have their own problems.

To ensure a consistent pattern of approach to the patient throughout his rehabilitation, no better means could be envisaged than the integration of hospital staff and parents into one team with a common aim and purpose. Only by the development of mutual trust and understanding through free communication amongst all concerned could this be achieved.

Three inter-related groups were formed to serve these purposes. Firstly, a Youth Club to help the patient establish social contacts and awareness. Secondly, a social group where the patients and their families could meet each other and the hospital staff, and thirdly, an informal discussion group where a psychiatrist could meet the parents collectively and discuss common difficulties.

METHOD

To provide the spontaneity and drive which the patients so lacked it was decided to ask a group of normal teenagers ("the visitors"), to help in forming and running a Hospital Youth Club. It was felt that such a nucleus of normal youngsters would provide

continuity of personnel and ensure a "vortex" of dynamism into which the patients might be drawn.

Accordingly, through the kind co-operation of the Leader of a nearby Youth Club, a mixed group of twelve to fifteen members were selected and thoroughly acquainted with the aims and purposes of the proposed venture by the psychiatrist. Weekly meetings were arranged, the Hospital providing transport to collect and return the "visitors" from a mutually convenient point, and the patients and "visitors" were thenceforward considered one Club.

To provide nursing supervision two responsible male and female student nurses were selected to join as ordinary members. One male student nurse became the Club Hon. Secretary. An Activities Committee collected and forwarded members' suggestions and requests to a Co-ordinating Committee consisting of the four student nurses, one male and one female Senior Administrative Nursing Officer, and the psychiatrist, who attended all these groups and integrated the whole. Through this latter committee, lines of communication were established with all departments of the hospital.

Club equipment was purchased with monies raised at jumble sales and raffles and through generous gifts from the Hospital Management Committee and the League of Friends.

A programme of events was drawn up each month by the Activities Committee, and included such items as pottery and art classes, discussion groups and talks by visiting speakers, visits to ice-skating, swimming, and a rock-climbing gymnasium, and barbecues and picnics on the downs. Adjacent Youth Clubs were also invited to join the Club "at home".

Once a month a Grand Social was held to which all the patients' parents were invited. This particular event extended the informal setting and social milieu of the Youth Club to include the patient, his parents and the hospital staff.

Concurrently, the psychiatrist held an equally informal but more clinical meeting each month to which the parents were invited, and where over a cup of coffee common problems and ways of managing the patient could be discussed and evolved. Nursing staff from the patients' respective wards were welcomed to these talks, provided their number did not make the group too unwieldy.

FINDINGS AND DISCUSSION

It is debatable whether true friendship between patients and nursing staff beyond professional interest and concern is advisable or mutually advantageous. Certainly it is an association fraught with possible difficulties and embarrassment to both. Furthermore, however good the rapport between the nursing staff and patients might be, the relationship nevertheless is one founded upon the patient's ill-health. In contrast, the "visitors" represented no such "Authority" and were seen in no context beyond that of a friend. This fact alone formed the basis for a valuable therapeutic situation. It permitted the patient to form acquaintances and friendships in his own time and within the sheltered setting of the hospital environment. It allowed the patient to withdraw from the situation if he so desired without losing face or committing a social blunder, and as the situation was already provided it obviated his need to make the initial contacts himself.

It was hoped that friendships formed within the Hospital Club might be continued when once the patient left hospital, and such indeed was the case. Some patients attended the "visitors" Club, whilst others preferred to return to the hospital meetings, but in either instance the re-awakening of social awareness had commenced.

As the Club's therapeutic value became recognized, suitable patients were referred directly from out-patient clinics, and all types of mental illness were welcomed if it was thought the patients would benefit.

Within the discussion group, a pattern soon became apparent. The psychiatrist would explain the methods and aims of treatment, and answer queries or criticisms as required, but for each parent the highlight of the evening was the recounting to the group of their individual experiences and feelings in dealing with their patient over the preceding weeks. This was an eagerly-awaited moment and undoubtedly af-

forded considerable emotional catharsis. Some parents volunteered to attend the hospital at any reasonable time to meet and reassure those parents who had just brought their son for admission.

For the psychiatrist, the meeting proved invaluable in assessing the family dynamics, culture and mores, and the personalities of each spouse. This information was useful in evaluating the prognosis, in alerting him to the sources of conflict and emotional difficulties in the home, and therefore in advising the patient concerning his future plans.

Finally, the programme made a real contribution towards true "community care". Not only was fear, ignorance and prejudice erased from the minds of the families, but for all ages misconceptions were replaced by truth and understanding. Attitudes most favourable to the patient's recovery were thereby engendered.

SUMMARY

A programme to ease the transition of young schizophrenic patients from hospital to home is described, in which the patient, his parents and the hospital are integrated by social and counselling groups.

The patient's reluctance to establish social contacts is overcome by the use within the hospital of a Youth Club comprising patients and their normal peers.

The parents' role in the patient's rehabilitation is emphasized and encouraged by the free exchange of information and the elucidation and correction of misconceptions and unhealthy attitudes during group discussions.

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B. W. Durrant, M.R.C.S. L.R.C.P., D.P.M., *Senior Psychiatric Registrar, St. Augustine's Hospital, Chartham Down, nr. Canterbury, Kent*

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