Some Clinical Problems of a Phychiatric Day Centre

by C. L. Teoh, T. H. Woon & S. H. S. Sim

Department of Psychological Medicine,
University of Malaya,
Kuala Lumpur, 22-11.

Synopsis

Some clinical problems related to a Psychiatric Day Centre are discussed. These problems include difficulty in getting suitable patients, dealing with the suicidal patient, the acting-out patient, the problem of dependency, and the need for family involvement. Some aspects of their management are included.

Introduction

THE ORIGIN AND further development of the Day Hospital has been well described by many authors (Bierer, 1951, 1959, 1961; Harris, 1967; Craft 1959; Farndale, 1961; Freeman, 1970).

A working definition of a day hospital is necessary, in view of the many diverse ways in which the day hospital has developed. A department of Health Report (1969) suggests that: "A day hospital is a special unit set apart for the use of patients who attend the hospital other than as out-patients but who return home at night."

A 'day centre' is generally considered to be a facility which provides occupation and social support for the handicapped (including the elderly) on a long term basis (Freeman, 1970). In Britain the day centres are mainly operated by local authorities or voluntary organisations.

As will be evident from what follows, the Psychiatric Day Centre of the Department of Psychological Medicine, University of Malaya, functions more as a day hospital than as a day centre.

This paper reports on the experiences gained, and some of the clinical problems encountered, in the management of day care patients.

The Setting

Physically, the Psychiatric Day Centre is sited in the rehabilitation building of the University Hospital, Kuala Lumpur. Administratively it comes under the Department of Psychological Medicine, University of Malaya. The staff of the centre consists of a consultant psychiatrists, one lecturer, a medical officer, two nurses, a psychologist and an occupational therapist, a psychiatric social worker and an attendant. Except for the nurses and attendant, the rest of the staff have clinical and academic responsibilities in the University Hospital.

The therapeutic milieu included psychotherapy, both group and individual, a work programme, group community meetings, staff meetings, special projects, group activities like singing, ball games, swimming and social gatherings. The doctors also prescribe somatic treatment when necessary.

Facilities are available where, when a day care patient requires in-patient treatment he can be admitted to the psychiatric wards of the University Hospital.

Before admission to the Day Centre, the patient is assessed by the lecturer and/or medical officer of the Day Centre, and usually his family is brought into the picture immediately, the programme of the Day Centre explained to them, and their responsibility discussed.

The goals for each patient, and his progress, are discussed during staff meetings held once weekly. In addition, after each group psychotherapy session, a post-group discussion is held by the staff members. Once every two weeks, all the patients are discussed with the consultant psychiatrist.

Some Problems and their Management

Difficulty in getting suitable patients:

The Day Care Centre has been in existence now for 1½ years (at the time of writing). To date, the patients treated at the Centre totalled 75. The patients' characteristics are:

Diagnosis	*No. of Patients*
Schizophrenia	35
Depression	20
Personality Disorder	9
Obsessive compulsive neurosis	4
OrganicBrain Disease	3
Organic Brain Disease	3
Mental Subnormality	1
Adolescent adjustment reaction	3
Total	75

It is relevant here to discuss the admission policy of the Day Centre and the criteria of suitability of day care patients. Broadly speaking, the aims of admission are:–

1. To provide an alternative to in-patient treatment for
   (a) patients who would otherwise need to enter hospital, thus maintaining daily contact with home and other interests.
   (b) patients already in hospital curtailing their stay, and providing "partial hospitalization" prior to their discharge back into the community.
2. To provide concentrated outpatient treatment for certain patients for whom in-patient treatment is inadvisable, but for whom treatment at out-patient clinic is too brief and infrequent.

The criteria of suitability are:

1. The patient should be able to travel to the Day Centre without special arrangement, alone, or accompanied by relatives.
2. The patient should not be too ill i.e. too psychotic, disturbed, or too weak physically.
3. There should be positive indication for treatment and/or rehabilitation. The Centre does not function as a custodial centre simply to keep chornic patients occupied.
4. The patient should not live too far away.
5. He should be able to converse in English.
6. Relatives should be willing and dependable.

These criteria have not been too rigidly enforced, especially when the case for attendance seemed particularly strong.

Why, then is there difficulty in getting patients?

A major factor is that doctors do not refer enough patients to the Centre. There may be several reasons for this. It may be that they are unaware of the existance of the Day Centre, (this applies especially to general practitioners). It may be that, although they are aware of its existance, they are not clear about its functions or not convinced that it serves a useful purpose. It is our opinion that psychiatrists are not making full use of the Centre. It is noteworthy that those doctors working in the Centre refer far more cases than do the others, having come to consider all their in-patients and out-patients as potential candidates. This point was previously made in the original account of the Bethlem and Maudsley Day Hospitals (Harris, 1957). Other factors include patients who are otherwise suitable for attendance at the Centre, but who live too far away, or patients not conversant enough in English for group psychotherapy. Finance does not seem to be much of a problem; there are occasional patients who require financial help in the form of bus fares, but they soon earn enough from projects to pay their way.

This problem of shortage of suitable patients may be alleviated by bringing to the attention of more doctors, the existence and functions of the Day Centre; this may be done by publications in local journals, by the activities of the local Mental Health Society, and by correspondence with the egneral practitioners.

The Suicidal Patient

In a Centre such as this, the staff is always on the look-out for the suicidal potential in the patient. Unlike the ward milieu, where the patient may find some difficulty in attempting suicide and the staff being aware of it, here in the Day Centre there are relatively fewer restrictions, and more opportunities. The staff made it a point to encourage the depressed patient to talk about any suicidal ideation he had, either in the group setting or individually. If the patient is felt by the staff to be a suicidal risk, he is immediately admitted to the ward. There had been four such patients at the time of writing. We have had one patient, a schizophrenic who successfully committed suicide while attending the Centre, by jumping from the 13th floor of the hospital building during lunch break. We have had to guard against the natural inclination to 'tighten' up the Centre, and increase the restrictions on the patients subsequent on such an incident; we are aware that to do so may destroy the therapeutic milieu we are trying to create.

The Acting Out, Disruptive Patient

This type of patient will be a problem in any setting, and is so in the Day Centre. We have had three such patients so far. One was a schizophrenic male, with marked sociopathic traits, who would concentrate on the female patients, make advances with a sexual overtone to them; he would find out where they lived, and visit them uninvited. When rejected by them, he would speak disparagingly about them to the others, and set out to irritate them in petty ways. The second patient was an obsessive-compulsive girl, aged 28, who had very low self-esteem, and who unconsciously set out to frustrate and quarrel with every body, so that she was rejected by them; thus confirming her view that she was bad – this being her repetition compulsion. The third patient was a juvenile delinquent who lied, bullied the patients, and acted out a lot. With such patients, limit-setting must be clear and unambiguous. All forms of physical assault on another patient or staff is forbidden, and this fact is made clear to the patient at the onset. Any infringement of this rule means expulsion from the Centre.

Emphasis is placed on using the group setting as the main therapeutic agent. Any socially unacceptable act or misbehaviour by a patient is brought into the open, and discussed in the group. The group members decide what should be the appropriate behaviour, and what punishment, if any, should be imposed. Reward, in the form of praise, social approval, etc. is not forgotten. The patients' responsibilities in the Day Centre are also discussed e.g. carrying out roster duties like washing up after lunch. Beahviour modification using the group as the main medium has been fairly effective, but one does not forget the premise that, if a patient is too disruptive in the setting of the Day Centre, he will have to be discharged.

Problem of Dependency, Institutionalization

The finding that some 10 patients grew to be dependent to a somewhat pathological degree on the Centre proved as a surprise. One would have expected otherwise, as the patient returns home to his family daily, and remains in contact with the community outside. The majority of these patients who showed pathological dependency ties with the Centre are those with passive-dependent personality disorders; there were also a few schizophrenics. Usually each of them forms an attachment to a staff member or another patient and then placidly and contentedly attended Day Centre day in and out. Dependency problems are frequently discussed in group meetings, and patients are encouraged to talk about their fears of abandonment and of rejection; these patients are gradually weaned from the Centre, and their attendance is tailed off gradually. Some patients showed an exacerbation of their symptoms when told of their coming discharge, and may enlist the aid of their family to plead with the doctors for an extension of stay. Others, in anger, stopped coming before the required date of discharge; efforts are always made to ask them to return for discussion of their feelings in the group setting. Where indicated, some patients are followed up by one of the doctors working in the Day Centre but as a routine they are followed up by the referring doctor.

Family Involvement

Perhaps more than with in-patients, the family is encouraged to be involved in the management of day patients. As the outset, during the assessment of suitability of the patient for Day Centre attendance, the doctor interviews the family, either the spouse, parents, or other responsible relatives. An assessment is made of the family interactions, strength or weaknesses, and any pathology in the family. The line of management of the patient was explained to family members, and their role was emphasised. We have come against some resistance from family members about getting involved in patient management. Sometimes the resistance is outright and overt e.g. the father refusing to accept that the patient is sick; often it is covert, and acts as deterrent to the patient's progress. Family therapy is often an integral part of many patients' management, and many relapses of schizophrenic patients can be attributed to family pathology.

In the setting of the Day Centre, the family acts as a valuable source of information on patient's progress and behaviour at home, and when there is a discrepancy between his behaviour in the centre and at home, this looked into. Regular classes for overprotective mothers of patients have been held and these have proved to be beneficial, both to the mothers and to the patients.

Discussion

There is a paucity of articles in the literature on clinical problems of the Day Hospital or Centre. On the other hand, there is a plethora of reports about the activities of this or that day hospital, with the emphasis usually on the good work being done, and the advantages of the Day Hospital over in-patient service hospitals.

One of the few articles specifically describing problems in the Day Hospital is the one by Chasin (1967), who wrote about the day hospital of the Massachusetts Mental Health Centre in North America. He listed as problems the difficulty in evaluating the day-patient without the continuous observation possible in the ward, the need to maintain limits, and the suicidal patient. While an American Day Hospital is not strictly comparable to a Malaysian one, still it is apparent that some of the problems are similar viz the suicidal patient, and the need to set limits. Unlike the American study, we do not find any difficulty in evaluating the patients and this must be attributed to the close contact we maintain with the patient's family.

The Ross Clinic day hospital, Aberdeen, Scotland, suffered at times from attempts to contain and treat a preponderance of patients with personality and character disorders, whose aggressiveness and acting out tendencies submerged the more positive attitudes of other patients and occupied a great deal of staff time and energy (Morrice, 1973).

Chasin also pointed out that day hospitalization can be a very agreeable arrangementfor the relatives and patients; the patient may use the Day Centre as a way of passing the time, an excuse for not working, or to get away from the family. For the family, the Day Centre may be a "baby-sitter", there is less guilt aroused in the relatives as compared with the patient being committed to a mental institution. This we have found to be true in some patients, and we have tried to minimize it by definite goal-setting for each patient, with definite time limit in which to achieve the goal.

Finally, the difficulty we experience here in getting suitable patients does not appear to occur in the American study.

Acknowledgement

We thank Professor E. S. Tan for his valuable advice and criticism.

References

1. Bierer, J. (1951), "The Day Hospital", London: H.K. Lewis.
2. Bierer, J. (1959), "Theory & Practice of Psychiatric Day Hospital", *Lancet*, **2**, 901.
3. Bierer, J. (1961), "Day Hospital: Further Developments", *Int. J. of Soc. Psych.*, **7**, 2.
4. Chasin, R. (1967), "Special Clinical Problems in Day Hospitalization", *Amer. J. Psych.*, **123**: 779.
5. Craft, M. (1959), "Psychiatric Day Hospitals" *Amer. J. Psych.* **116**: 251.
6. Department of Health and Social Security, (1969) "A Pilot Survey of Patient Attending Day Hospital", H.M. Stationery Office, London.
7. Farndale, J. (1961), "The Day Hospital Movement in Great Britain", Oxford, Pergamon Press Ltd.
8. Freeman, H. (1970), "Day Hsopitals", *The Practitioner*, **205**: 289.
9. Harris, A. (1957), "Day Hospitals and Night Hospitals In Psychiatry", *Lancet*, **1**: 729.
10. Morrice, J.K.W., (1973), "A Day Hospital's Function in a Mental Health Service", *Br. J. Psychiat.*, **122**: 307.