Recreational Activities for the Mentally Retarded

Implications for Nurse Therapist

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Human activities are characterised by variety and utility. For healthy life one must fulfil the need for new experiences. In this context recreation plays a vital role in human life. The term 'Recreation' is derived from 'Re-create', to make new or to make afresh. In its very name, one sees its therapeutic implications. Work and recreation constitute the natural rhythm of life with alternating periods of tension and relaxation. It is well said that a job is a work that one has to do and a hobby is work that one wants to do (Kalkman: 1958).

IN case of mentally disturbed persons, their preoccupation, boredom, tensions and monotonous living require appropriate channels of relief. If these patients are denied of diversional activities, their problems increase in their severity. In such cases mere application of pharmaco-therapy will yield lesser and lesser positive outcome. Systematic attempts are being made by the Psychiatric Nurses in utilising the therapeutic potentials of music, dance, sports, picnics and other diversional activities in psychiatrically disturbed children and adults (Hinds: 1980, Singermanetal: 1980). It has been emphasized that a wide range of leisure activities could be undertaken by mentally handicapped people with or without physical disabilities (Bush: 1984, Balachandra 1979).

Considering the immense potentials of the recreational activities specially for mentally disabled persons, therapeutically oriented Nurses need to study the nature and the patterns of their utilisation in mental health setting. With this aim, an attempt has been made to explore the recreational activities that were utilised by the patients attending Psychiatric Rehabilitation Centre at National Institute of Mental Health and Neuro Sciences, Bangalore. For this purpose all the patients of the unit (N=92) were interviewed by using structured interview schedule focussing on their recreational activities provided in the Rehabilitation Centre.

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Findings

Distribution of patients on the basis of age

Table I

Sl. No.	*Age (in years)*	*Number of patients*
1.	13—25	31
2.	26—38	36
3.	39—52	14
4.	53—65	10
5.	66—78	1
		92

Table II

Diagnostic distribution of patients

Sl. No.	*Diagnosis*	*Number of patients*
1.	Schizophrenia	47
2.	Manic depressive Psychosis	10
3.	Mental retardation with Epilepsy	30
4.	Other diagnosis	5
		92

Table III

Patterns of utilisation of recreational activities

Sl. No.	*Recreational activities*	*Beneficiaries*
1.	Music sessions	67
2.	Picnics	67
3.	Film shows	72
4.	Cultural entertainments	92
5.	Sports activities	58
6.	Temple and puja activities	89

Table IV

Patient's references in regard to recreational activities

Sl. No.	*Recreational Activities*	*Liked by patients*	*Disliked by patients*	*Total*
1.	Music	73	19	92
2.	Picnics	82	10	92
3.	Film shows	88	4	92
4.	Cultural Entertainment	92	0	92
5.	Sports activities	58	34	92
6.	Temple & puja activities	89	3	92

Discussion

As shown in Table I patients of all age groups, young and old, have been the beneficiaries of the recreational programmes. This in turn proves that age is not a barrier for recreational activities. Age-appropriate activities need to be selected by the psychiatric nurses.

Psychotics, mentally retarded, epileptics and patients with other diagnoses have been benifited by therapeutic recreational activities. When properly planned these recreational activities can serve as sources of relief and relaxation for the disturbed patients (Table II).

In mental health settings, a wide variety of recreational activities could be planned and organized depending on the available resources and patient's level of participation. Cultural entertainment, temple and puja activities and film shows have been attended by most of the patients (Table III).

It is interesting to note that 100% of patients liked cultural entertainments given by students and other volunteers. Temple and puja activities are culturally aecepted activities. Film shows, picnics and other activities have high recreational potential for the psychiatric patients (Table IV).

Implication and Conclusions

In such recreational activities the role of psychiatric nurse is very vital, specially in developing countries. In appropriate planning, selecting and organizing these activities the Nurse Therapist should make a realistic assessment of the situations and a creative use of available resources. It is essential that these recreational activities need to be continued even when they return home. Though the task seems to be simple, it is difficult to convince the family members. Unless the Nurse uses the principles and techniques of family counselling and education, more often than not, the patients are either left idle or allowed to spend their time in meaningless activities. By careful consideration and timely intervention of the Nurses, many of the relapses, deteriorations and readmission could be prevented through active use of suitable recreational activities in the mental health setting.

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