Rehabilitation of Long Stay Psychiatric Patients

By

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With the rapid changes and advances in medicine, the Sciences and Technology, the concept of nursing and treatment of the mentally ill is taking a new shape. In the beginning a few liberal minded philanthropists like Pinel, Tuke and Conolly had to struggle hard to release psychiatric patients from chains and cells for giving them better living environment. Today we are aware that as a result of advances in treatment of psychiatric diseases the organisation of psychiatric hospitals is showing notable improvement. The open door policy of treating psychiatric patients which has been found more effective has resulted in improved behaviour and reduced tension and violence.

With the introduction of tranquilizing drugs since 1954, tremendous advances have been made in the treatment of both acute and chronic psychiatric illnesses. With the help of these drugs a large number of chronic psychiatric patients have been brought under control and into better contact with their surroundings. The treatment is incomplete if we neglect to rehabilitate these long-stay psychiatric patients in the community.

A study conducted at the Hospital for Mental Diseases in Ranchi in 1963 revealed that the majority of long stay psychiatric patients could be easily rehabilitated in the community but due to the reluctant attitude of relatives to keep these patients at home they continue to stay in the hospital.

Dr. Bhaskaran K.[1] advocates the urgency for rehabilitating these patients for the following reasons :

"(1) They are occupying hospital beds fer a longer period and the more acutely ill patients are deprived of the treatment facilities in the hospital.

(2) They constitute an avoidable economic burden to the State and a sizable man-power loss to the community.

(3) Though 93% of long stay patients require rehabilitation-programme in the community, relatives of the patients are reluctant to accept their patients on merely non-psychiatric or non-medical and mostly socio-economic reasons.

(4) To avoid the danger of 'Institutionalism.'

As the psychiatric service moves out to assist these unfortunate patients who are rejected by their family members, employers, and the society at large to rehabilitate them in the community, the tasks of the psychiatric and public Health Nurses are requiring a new and rich dimension. Some efforts must be made to help the people understand and accept these patients. When the rehabilitation of the patients suffering from infectious disease such as Leprosy and Tuberculosis is on the road of success, there should be no reason why rehabilitation of the patients suffering from non-infectious disease like psychiatric illness should not be possible.

The Nurse in co-operation with the other members of the therapeutic team plays an important role in rehabilitation of long stay psychiatric patients where she applies her therapeutic attitude and nursing knowledge with better understanding and sympathy. It is during this time that the effects of her devoted, individualised nursing care will be most noticeable and thus she is able to make specific contribution in assisting the patient to live in the community.

The long stay psychiatric patient requires a rehabilitation plan that takes into account all the available services and benefits that are suited to his specific needs. Therefore, it is the responsibility of a nurse and other members of the therapeutic team of the hospital to pay a good deal of attention to the patient's needs and problems arising at this time. The entire programme is directed towards making the patient to 'live again' in the society rather than making him to 'just 'work again.' The following facilities can aid their rehabilitation.

(1) **Sheltered Workshop :** This is a type of work-oriented programme stimulating industrial jobs where patients are occupied in factory type of activities. These workshops are established either in association with Mental Hospitals or independently in the community. The programme consists of engaging patients with good rehabilitation potential where they receive small monetary rewards for the work they have accomplished.

The occupational therapist and the psychiatric Nurse under this programme first help the patient to become a functioning member of the group responsible for his share of work-load and to help him to learn to accept and work within basic job requirements. As the patient shows progress in the given activity he is gradually given more responsibility and finally is encouraged to take up a job in the outside world while still in the hospital.

Due to their prolonged stay in the hospital the long stay psychiatric patients are unfamiliar with the outside world and the demands of ordinary living. Therefore, the nurses have a particular responsibility, to see that long stay patients are particularly helped with the re-education programme followed by a protected re-entry into society.

The hospital for Mental Diseases, Ranchi, has recently started this type of workshop in the Rehabilitation Centre which has been found quite satisfactory. The Hospital is giving three months' training course in psychiatric occupational Therapy to the psychiatric Nurses. The Nurses, trained in this field, are quite capable of managing sheltered workshops associated with Mental Hospitals independently.

(2) **After care hospitals :** Patients who are not ill enough to

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