

THE ORGANIZATION OF A NEUROPSYCHIATRIC SERVICE IN A REGIONAL HOSPITAL

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*The In Patient Activities of a Neurology Service
in a Military Hospital*

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The basic function of a Neuropsychiatric Service in a Regional Hospital is, in practice, to act as a sorting and disposition center for patients who are sent in from the surrounding area. This applies also to many station hospitals. If this situation is accepted passively, however, it is apt to result in lowered morale among the medical officers, enlisted personnel, patients, and others concerned with neuropsychiatry. The continual stream of paper work becomes drudgery, and the necessary duties are done in a routine and perfunctory manner. Tension piles up, group feeling falls to its nadir, and the patients become restless and discontented. Impulsive acts, tubefeedings and other unpleasant incidents increase, and fewer and fewer patients become salvageable as their spirits fall.

Whatever the theoretical mission of the set-up may be, from a practical point of view the psychiatrist must function primarily as a medical officer, and any other activities which are carried on must be secondary to the rapid sorting and disposition of the patients. Nevertheless, it is possible with careful organization for even the busy psychiatrist to accomplish also in a high degree his mission of being a good doctor, without interfering with his other necessary function, and in spite of the handicaps which face him.

These handicaps are:

1. Lack of time.
2. Shortage of personnel and equipment.
3. Rapid turnover of patients and short stay in hospital.

Any organized program must take these factors into consideration. The

account given below shows what can be done in spite of them to fulfill the requirements of good psychiatry; namely:

1. To treat patients individually and in groups.
2. To advance the science of psychiatry.
3. To promote understanding of psychiatry among the other professional services.

1. The Facilities Available:

The program outlined below can be carried out with modifications on any psychiatric service, regardless of size. It happens that our set-up comprises nine neuropsychiatric wards (including the detention ward and the rehabilitation ward, which do not enter into the program), five medical officers, and the assistance of two Red Cross workers, a social worker and a recreation worker. However, it will work almost as well in a set-up comprising two medical officers and one social worker or psychologist.

2. Initiating the Program:

Since the open ward patients can take part in the general hospital activities, most of the planning is concerned with the closed wards. If morale is poor among the wardmen and patients, the consequences will be as noted: Impulsive acts, tube-feedings, and fights will have to be dealt with, and the restless wardmen will tend to handle them sadistically. It may become necessary to strip the ward, removing bedside tables, chairs and good furniture, and to curtail activities of the patients, since kitchen police may become a hazard. The first step in repairing this situation is to give the wardmen some rudimentary instruction. A change in their attitude can be obtained in a few minutes by facing them with their responsibility and sharing it with them. They are told that the patients are on the ward to be taken care of and made better; that if any unfortunate accidents occur, they are

our fault and not the patients'; and that if we handle the patients properly, they will behave properly. The ward-officer may state, for example, that when he has to resort to tube-feeding, he regards it as evidence of his own deficiency, rather than an accepted part of psychiatric care; that if he knew enough and was tactful enough, he should never have this task to perform; similarly, that if fights or other unpleasant incidents occur, they should not be accepted passively as inevitable, but should be regarded as evidence of mishandling, and that the wardmen should try to figure out why they happened, and where the first unkindness began; or how resentment was fostered rather than soothed. This approach can be presented effectively in a 15-minute talk; it involves no technical terms and even the wardmen of low intelligence can grasp the idea. If the ward staff is changing frequently, the presentation can be given weekly, since it consumes such little time. In our experience, this approach has resulted in an immediate improvement in the attitude of the wardmen and consequently of the patients. It is only necessary to emphasize that it is a shared aspiration on the part of the ward officer, rather than a rebuke. With this absolute minimum of groundwork laid, the rest of the organization can proceed. The cooperation of the Red Cross is essential and is readily obtained as soon as it is perceived that a constructive program is in view.

3. The Physical Set-up of the Ward:

The patients are allowed bedside tables and chairs. The dayroom is brightened up. The Red Cross may be able to supply bright new furniture. In warm climates, the mess table may be placed on a side porch outdoors. The Patients are given to understand that everything is for their benefit, and that police is therefore their responsibility. They are told that their incapacities will

be taken into account and that each individual will be expected to do neither more nor less than he is able in the judgment of the ward-officer. Since they have so much time at their disposal, there is no reason why the closed ward should not be the best-looking, cleanest, and tidiest, and the pride of themselves and of the rest of the hospital, they are told. Tables are to be kept neat, beds made carefully, and the liveability of the day-room is to be respected for the common good. Patients must appear tidy at all times and all places must be tied and buttons buttoned whenever an officer enters for inspection, even if slight laxities are tolerated at other times. They are to be treated like gentlemen and they are to act like gentlemen.

In our set-up, there are two closed wards. Since it is not possible to have a full program of activities on both wards, one ward is reserved for hopelessly uncooperative patients. A patient who is uncooperative, but not hopelessly so, is kept on the main ward. The object is not to have a country club in one ward and a back hall on the other. Patients who can still benefit from the example of others and still learn to fit in with a group are kept on the main ward in spite of frequent defections. In this way the therapeutic nature of the set-up is emphasized. If there should be only one closed ward, part of it could be set aside for unsalvageable uncooperative patients.

Cutlery counts, beltless pajamas and bathrobes, and other security features may be instituted as indicated. In our main ward we have a punching bag installed in one corner where it is easily accessible to impulsive patients who suddenly feel a desire to work off steam. It is installed at a height consistent with safety rather than with pugilistic standards, since it is simply meant to offer a method of harmless energy discharge, rather than to train prize-fighters. Because it is noisy, it is arranged so as to be easily

dismountable during rest periods and at night.

4. Occupational Therapy:

We have found that the majority of Red Cross Workers are keenly interested in psychiatry and in working with psychotics, and that their training and aspirations make them eager to cooperate in a constructive program. In a well thought out psychiatric set-up, they can be made to feel that their talents, knowledge, and endowments are being used to the fullest and with maximum benefit to others. This produces gratifying results on the closed wards, and it becomes possible with their cooperation to have a program of occupational and recreational therapy without any undue sacrifice of time on the part of the psychiatrist.

The essential characteristic of such a program we feel, is that it be flexible so that it can be adapted from week to week to the needs and desires of the current ward population. Some groups resent a formal planned program as an imposition, a reaction which must be avoided. Some of them are intrigued by the idea of learning a language, in which case the Special Services division will supply the necessary number of language guides and the corresponding phonograph records. Lessons are held daily so that their interest will be maintained. They soon begin to converse among themselves in the new tongue, and laughingly greet the ward officer in a foreign language when he makes his rounds, to his real or pretended mystification.

The choice of handicrafts, if these are desired, may be left to the Red Cross worker, who will know best what materials she has available and which crafts are best suited to give the fleeting patient a feeling of rapid accomplishment. The ward officer need only keep an eye on the security of the ward. Finger-painting is one of the least formalized occupations and gives the pat-

ients an excellent opportunity for self-expression. The patients always appreciate movies.

5. Music:

A radio is available, and each week the men vote as to how much it is to be used. Some groups prefer no radio, others want it two or three hours a day. We have never let it run more than four hours, since eventually it disturbs someone and causes trouble if it is allowed to run on. We have found that the modern soldier, like his ancestors, is able to exist for many hours without any stimulation from radios.

The rest of the musical program depends upon the facilities available. Here again we have found the patients resistant to the idea of a formal program, and for this reason a carefully planned experiment in musical therapy fell down due to the mixed nature of our ward population. We have found that a visiting pianist is appreciated twice a week, and record hours twice a week, but beyond this many of the patients find the music irksome even if they are allowed to retire when they are not interested. One thing they do appreciate is the recordio. They are given an hour a week with this; they send messages home on records, or do dialogues or skits to introduce their new buddies to the folks back home.

The most interesting item in this department is the ward orchestra. During auspicious periods there may be three or four first class musicians on the ward. The Red Cross supplies instruments, including the loan of a small piano. Rehearsals are limited to one or two hours a day, sometimes with vocal accompaniment. If sufficient talent is available, a show can be put on at the Main Red Cross hall. Its excellence may be a revelation to the open ward patients and some of the staff members, as well as being prime therapy for those who

take part. Wardmen gladly give their off-duty time to chaperon on these gala occasions. If left to their own devices the patients may write songs about the hospital and make up musical skits. It is probably best for the ward officer to maintain a passive attitude towards these doings, merely signifying his willingness to help if called upon. Before a public performance, however, he must step in and pass upon the propriety and quality of the projected show. He should make no bones about vetoing anything of poor quality, since a poor show will do more harm than good. ✓

6. Group Psychotherapy and Group Forums:

We have found with psychotics that for group therapy to have any appreciable effect it must be carried on daily. The transference of a psychotic is difficult to obtain and precarious to maintain. If psychotherapy is neglected for a day or two, a change in the atmosphere of the ward makes itself apparent, and after three days incidents are apt to happen.

We have used group psychotherapy to replace ward rounds. It is advantageous to observe patients with the group, and a better estimate of progress can be obtained by this method than by the usual individual bedside handshake. ✓ The latter can be carried on after the meeting if so desired, or else only the patients who request an interview are seen individually.

We have felt that it was unwise to use the evocative cathartic method with psychotics. This method is suitable for neurotics but is dangerous with psychotics, for reasons well described by Federn*. We prefer to use an instructive but not didactic approach.

Patients are assembled in the day-room as soon as the ward-officer comes on duty in the morning, since the group meeting sets the tone of discussion and the mood of the ward for the day. First, the business of the "ward demo-

*Federn: Psychoanalysis of Psychotics, Psychiat. Quarterly, 17: 3-19, 246-257, 470-487, Jan. Apr. and July 1943.

cracy" is carried out. Complaints and suggestions are invited and discussed; the patients soon learn that only constructive criticism is of value to the group and that generalizations, such as "The food is lousy!" cannot be dealt with in a practical way, as can specific complaints, such^{as} "The toast is cold every morning." Wardmen and nurses are required to attend these sessions and can solve many of these problems on the spot. At this time also votes are taken as to the amount of radio playing, etc. If a patient starts off on his own personal problems, he may be told that these should be reserved for a private interview, or else he can be allowed to talk for a short period and his story made the basis for the general discussion of the day.

The subjects for discussion are chosen by various methods. A patient may give the cue by telling his story or asking a question. The needs of the particular group may give a lead. If the ward happens to be full of paranoid patients, the discussion is slanted accordingly. If most of them come from broken homes, this offers a good opening. Flexibility is again the essence of success. We feel that each psychiatrist will find a special method most suited to his own personality for talking to the patients each morning. The purpose is to enlighten, reassure, and readjust their ways of thinking, feeling, and reacting. Certain topics are brought up again and again by different groups of patients; some of these are listed below, together with suggested approaches that we have found to be interesting and meaningful to psychotic patients.

- a. Almost all groups want to know why they are on a closed ward.

"When people are emotionally upset, they do not have as good judgment as they do normally. You are here so that we can supervise your behaviour and keep you from doing things which you may regret later Your mail is read for the same reason, not because we want to pry into your personal

affairs, but simply to prevent you from writing things to people which may embarrass you when you are well a man may feel resentful towards his wife now, but a month from now when he is well again and his judgment is normal....we know from experience...." etc.

- b. Most psychotics, we have learned, come from broken homes.

"The child at birth does not know how to get along in the world. It can only learn from its parents. If they fight, the child says: 'Ah, I see how one gets along, one fights always with other people, and the winner gets the prize.' In later life this child....If they love each other, the child says: 'Ah, I see how one gets along, one is kind and loving and tries to make friends with people.' In later life, this child....If the boy has no father, he has to wait until he grows up to learn how to get along with men, while the lucky child who has a father gets used to it from birth....If you tried to learn to walk after you grew up...."etc.

- c. There is usually a large percentage of depressed patients on the ward.

"Some sadness is normal. If someone dies, we expect.... but if he continues to mourn for a year or more, we begin to wonder....But some sadness on the other hand does not seem to have any cause, it comes from inside, perhaps glandsit always passes off....the sad man explains it to himself somehow, by something he did years ago, perhaps.... When he is well, he sees how foolish he would have been to carry out his suicidal intentions, and is glad he had a psychiatrist to take care of him while he is sick...."etc.

If the ward officer can talk to them about such urgent problems without using any technical terms, he will find that they will understand him and appreciate his efforts. Most psychotics have all they can do to orient themselves to their new surroundings and new feelings, without having to orient themselves to a new set of words in addition.

There is nothing so gratifying and elevating to the morale of the psychiatrist as to have a patient tell him later: "I began to understand myself and get well after that talk you gave us on how important it was to understand other people instead of waiting for them to understand us."

Group forums on current affairs stimulate morale, and the ward officer will find such discussions helpful in revealing the men's attitudes and personalities. It is to be emphasized again that the men dislike obfuscation with words and are grateful for concrete enlightenment in terms which they can understand. If they themselves use abstract words meaninglessly they should be challenged for definitions, in order to clarify their thinking. If the therapist has not already read Hayakawa's "Language in Action" before starting group therapy, he might profit thereby. ✓

As group spirit increases among the patients, it may be found that intra-group groups are being formed; thus, the intelligent, literate patients may form one group; the marijuana addicts another; and so forth. Such tendencies should be discouraged, we believe, and the various types of personalities should learn to become interested in other types. 2

7. The Social Worker:

A real saving of time can be effected by bringing a social worker into the situation. They have been trained, or can be trained with very little trouble, to take an adequate psychiatric history and fill out the form 55B on the chart. The ward officer can review this data briefly, check the medical history for evidence of specific organic disease, and then concentrate upon the physical examination, the mental status, and the administrative procedures. This may sound like "more trouble than it is worth", but we have found that once the ward officer and the social worker have their work geared together, the ward officer can approximately double his work output. ✓

Since the social worker becomes well acquainted with each patient's background in taking his history, and the patients in turn become well acquainted with her, she can be of considerable assistance from the therapeutic stand-

point, not only saving time for the ward officer in this respect, but also acting as "mother person" to his "father person" so that the patient who might be unwilling to discuss his problems with the one can always turn to the other.

8. Individual Therapy:

When the busy ward officer has reviewed the history taken by the social worker, and done his mental status examination, that is the moment for him to spend a few minutes in therapy, for then he has the whole case fresh at his fingertips. Five minutes spent at this time may be worth a half hour later, when he will have forgotten many of the details. Even the briefest discussion may lay the foundation for a real improvement in the patient's way of feeling and of handling situations. If all other approaches seem futile, the question of future psychiatric treatment in civilian life can at least be raised with benefit. That such treatment is time-consuming and expensive may be mentioned at the outset so that the patient can orient his future planning accordingly.

The time-saving cooperation between the psychiatrist and the social worker may result in an opportunity to practice intensive individual psychotherapy with some particularly promising patients.

Good consultations are one of the chief instruments by which the psychiatrist can command respect from the rest of the profession. Because of the large number of consultations our service has to handle, we have elaborated a questionnaire which each clinic patient fills out before he sees the doctor. This is not intended to elicit a complete psychiatric history, but only to offer leads for further investigation; it eliminates the necessity for the physician to spend time asking certain routine questions about the patient's

past history, and allows him to concentrate upon the most important problems. It is planned to discuss this questionnaire in detail in a future publication.

10. Research;

There is no reason why psychiatrists should not apply on their own wards, the principles they have supplied to industry for stimulating interest among the workers. The invigorating effect upon junior officers, nurses, wardmen, and others concerned, of knowing that they are taking part in a planned program of psychotherapy, can be further enhanced by research projects. It may seem but a wistful dream for the harrassed ward officer to think of research, but if he is willing to spend an occasional evening working over his material, the material itself can be gathered almost painlessly by means of the questionnaire and with the willing assistance of the social worker.

Since it is noticeable that most psychotics come from broken homes, we asked our social worker to note on a separate file the information she gathered about this subject. This takes but a few minutes of her time, and none at all of the ward officer's time, yet both feel that they are gathering information which may form the basis of some interesting studies. Someone at a staff conference once brought up the question of the effect of the weather on a certain patient. This immediately suggested the idea of studying the effect of the weather and allied factors on the general mood of the closed ward. A memo to a nearby naval station resulted in a detailed weekly weather report from them. All that is required on our part is a daily note consisting of three or four adjectives. At the end of the year we expect to have some material worth poring over. The effect of this little project on the morale of the wardmen was also interesting; it naturally led to many jokes, which fostered

their group feeling and interest. If the ward officer is wide awake, painless projects will suggest themselves on all sides.

11. Conferences:

These are of three types: Open Departmental, Closed Departmental, and Hospital.

Everyone is invited to attend the Open Departmental conferences, including nurses and wardmen, and some attempt is made to keep the discussion at a level which will interest them. We have had groups of social workers and medical enlisted men, as well as medical officers, regularly attend these forums from the surrounding area. When enlisted personnel attend, certain precautions must be taken to prevent misconceptions from arising, especially during psychodynamic discussions. One one occasion, a conference was held for secretaries, where psychiatric terminology was discussed in a simple way, words were written out on the blackboard, and their etymology was discussed along lines which would be of value in fixing the correct spelling of those and similar terms. Nurses, wardmen, and secretaries alike expressed their appreciation of this, and to our delight we found that "psysciatric" and "pcasytriac" were thenceforth replaced on the charts by the correct spelling.

The Closed Departmental conferences are for neuropsychiatrists only, and here opportunity is offered for aggressive verbal expression of theoretical and practical disagreements.

Hospital conferences are carefully planned, since we feel that this is our golden opportunity to cement our relationships with the rest of the profession. Here again, technical terms are reduced to a minimum and practical illustrations are stressed. Topics are chosen for their simplicity and general usefulness.

12. The Open Wards:

We feel that the system employed in some hospitals of having one "CDD" ward and one "Duty" ward in the psychoneurotic section has little to commend it in our type of setup, since many of the duty cases will try to graduate to the CDD ward and there will be little movement in the opposite direction. We therefore, sort our patients into two entirely different categories, with a view to stimulating interest among the ward officers, and facilitating psychotherapy.

- a. Those who come from broken homes.
- b. Those with "organ neuroses" who do not come from broken homes.
- c. Others.

The rationale and advantages of this system are as follows:

- a. It has more psychodynamic significance than most other practical schemes of grouping patients.
- b. It offers an opportunity for specific group therapy, in one ward of the "psychodynamic" type, and in the other ward of the "psychosomatic" type. ✓
- c. It offers him an opportunity to compare the reactions of a group of soldiers from broken homes with those of a group from unbroken homes.
- d. The feeling that there is a scientifically constructive rationalization for the war assignment of each patient, with the possibility of learning something new about the neuroses, has a good effect on the morale of everyone concerned.

In our experience, the results of this system have been excellent. Even if the patients are only retained on the wards for two weeks, it offers an opportunity to teach them how to think psychiatrically about their unhappiness, and awakens their interest in obtaining further help. From the spontaneous enthusiasm which they have expressed, we feel that the patients who have passed through our hands will contribute less than others to the national problem ✓ of civilian readjustment of psychoneurotics. We do not offer this as an ideal system, but only as an example of how profitable interest can be stimulated and

maintained by adopting constructive, non-time-consuming methods of studying and working with patients.

SUMMARY

Some suggestions are offered as a demonstration that even the busiest neuropsychiatric service can be well-organized, progressive, and interesting to all its personnel, with practically no sacrifice of time on the part of the ward-officers and with no increase of personnel. The cooperation of the Red Cross Social and Recreation Workers is essential, but in our experience this is eagerly forthcoming when a constructive program is in view.

Among the activities which are possible without hindering the ward-officer in his functions of examination and disposition, are the following:

- a. Occupational and Recreational Therapy
- b. Musical Therapy
- c. Group Psychotherapy
- d. Individual Psychotherapy
- e. Adequate Social Histories
- f. Research
- g. Staff Conferences of real educational value

Proper organization of these activities results in a feeling that one is practicing scientific psychiatry rather than routine paper medicine.