

THE NEED FOR A COMPREHENSIVE PSYCHIATRIC REHABILITATION ORGANIZATION¹

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ABSTRACT. Although Psychiatry was early conscious of the need for outward directed activities, its resources have been too scarce to prevent long term hospitalization in mental institutions. In the later years the development of neuroleptics has created a new enthusiasm for community care and more specific rehabilitation procedures. Problems are, however, different from those in physical rehabilitation work.

Psychiatry needs a whole chain of its own rehabilitation facilities, namely: (a) psychiatric rehabilitation units in hospitals, (b) rehabilitation centers for prolonged care outside hospitals, (c) sheltered workshops, (d) hostels and other housing provisions, and (e) an active follow-up and control system in order to prevent unnecessary deterioration due to isolation, social helplessness, lack of medication, etc.

Along with more active and resourceful rehabilitation work in psychiatry, also more psychiatric skill is needed in general rehabilitation procedures. The questions of integration and priority must be considered.

Within the planning which the Swedish county councils have now started after taking over responsibility for mental health, rehabilitation projects are given an important place. While it is an urgent task to arrange for more adequate longterm care of chronic cases which at the present time are overcrowding our psychiatric hospitals, it is undoubtedly still more important to counteract the production of further long-term care problems.

Psychiatry has for a long time been to the fore concerning social contacts and rehabilitation activities. To a greater extent than other specialties it has employed social workers, psychologists and occupational therapists, who have built a bridge between psychiatric and social institutions. Because of the lack of technical resources, however, ideas in the psychiatric field have not been able to evoke enough general attention. Even to-day the reha-

bilitation facilities found in some of our mental hospitals are rather unimpressive.

Within rehabilitation medicine the need for psychiatric assistance was realized at an early stage. Lack of motivation, receptivity, etc. has a lot to do with inability to work as a result of physical handicaps. A rehabilitation institution without psychiatric know-how is clearly imperfect.

In psychiatric care itself the last 10-12 years have brought a thorough re-evaluation of aims. Most people agree that the development of new psychopharmacologic agents has contributed the most to this. The success obtained by the aid of drugs has given rise to a new attitude towards mental care problems. It has exposed the need for early reactivation, avoidance of hospitalization, and a striving for general and vocational rehabilitation.

In a few of our general hospitals psychiatry has been greatly helped by existing medical rehabilitation units. Our own hospital had been planned with centralization so much in mind that the psychiatric section started with the unique situation of relying completely on the rehabilitation unit for activation space and personnel. Thanks to the intelligent administration of the rehabilitation unit, this situation has been successively adjusted. We now have our own occupation therapy and physiotherapy facilities.

During several years of collaboration with the rehabilitation unit we have—as is the case in most places—come to agree that problems and methods differ considerably between general medicine and special psychiatric rehabilitation. While for instance the rehabilitation of patients with muscular weakness aims at highly individualized training of certain groups of muscles, the training of

¹ Lecture at the Second Scandinavian Conference of Rehabilitation Medicine, Stockholm 1967.

psychiatric patients is much more personality-oriented. Milieu and group interaction there play a dominant role.

Large groups of mental patients, mainly those suffering from schizophrenia and severe psychoneurotic disturbance, are still waiting for active rehabilitation care. It is considered possible to greatly reduce early retirement and/or long-term hospitalization of such categories. For this purpose a really effective organization is needed. A few countries have such organizations, and the greatest pioneers are to be found in Great Britain. An important experience with instance schizophrenic patients is that a great many of them can be trained to a rather high work capacity within the hospital, while regular employment often leads to disappointment because the therapeutic milieu is lacking.

Consequently, mental health needs a whole chain of resources for the starting, completion and maintenance of the best possible rehabilitation. In the first place there is need of a special *psychiatric rehabilitation unit* in the central hospital. Such a unit can undoubtedly complete the rehabilitation of many good prognosis patients. For the active care of more long-standing illness, the traditional nursing homes need to be converted into *rehabilitation centers*, where more time and continuous activation efforts can be provided. For improved cases with enduring stigmata, *sheltered workshops* connected with *hostels* are needed. And last but not least, there is need of an *active follow-up and control* in order to prevent unnecessary deterioration due to lack of medication, isolation, social helplessness, etc.

It is still an unsolved problem how far the integration of medical and psychiatric rehabilitation may be practical. The latter branch may grow bigger than the tree itself—so it may be more profitable to let it live its own life. Economic reasons of course speak in favour of integration, as do some other, mainly psychological reasons.

Integration is one of the main slogans in psychiatry to-day, and it seems most profitable to follow this line at present. Work training centers and sheltered workshops can undoubtedly be used by different categories together, if only there are possibilities for a differentiation within these institutions. By merging activities better production economy and more flexible planning may be attained.

The integration of psychiatry with social rehabilitation programs is only just beginning. In all planning it is of the utmost importance to enhance this substantially. Such common aids as technically oriented psychometric examinations and vocational guidance should partly be assimilated into medical-psychiatric rehabilitation work. Both job placement and other social care activities should take place at the hospital level to a greater extent than hitherto. On the other hand, the medical-psychiatric infiltration into social rehabilitation, which has already started, should be intensified.

Assessment of working capacity is often difficult in psychiatry. A practical approach which we have used for instance in cases of cerebral damage is to begin with a thorough therapeutic effort and then form an opinion on the basis of the result. However, so far we have had insufficient facilities for work assessment proper.

It is clear that a comprehensive psychiatric rehabilitation institute will also provide new opportunities to assess on a concrete basis such factors as attitude to work, intensity, persistence, dependability, group solidarity, etc., which together constitute the working capacity of the mental patient. Elaborate resources in laboratories and workshops can give much improved guidance as to choice of work type and work level. By improved integration with social institutions the rehabilitation process can become more realistic, and results may be quicker and more stimulating to everybody.

Undoubtedly the experiments we want to initiate will be rather expensive. However, even unspecific intensification of work among mentally ill people often produces surprising results, and we certainly trust that now an approach with a specific object in mind will be still more rewarding. Experiences in other countries are encouraging. Enormous gains can be expected in our knowledge in the field of "chronic" mental disease. Even if the economic profit would be difficult to calculate, the humanitarian aspect would be sufficient motive for the planning and construction of a comprehensive psychiatric rehabilitation institute.

Key words: Psychiatry, rehabilitation

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