COMPARATIVE STUDY OF ATTITUDES TO THE REHABILITATION OF PSYCHIATRIC PATIENTS

BY

STEVEN FOLKARD*

Netherne Hospital, Coulsdon, Surrey

It has been estimated that over 80 per cent. of the beds in mental hospitals are occupied by long-stay patients (Royal Commission, 1957), and it has also been shown that the chances of discharge for patients who have remained continuously in a mental hospital for 2 years have so far been relatively small (Brown, 1960); they have ranged from 1 in 12 in the third year of stay, to 1 in 100 after 10 years, and 1 in 200 after 30 years.

Pendellswood Review and Rehabilitation Unit at Netherne Hospital was opened in April, 1957, in an attempt to resettle more of these long-stay patients in the community (Bennett, Folkard, and Nicholson, 1960). In the Unit, which has accommodation for 43 male and 51 female patients, there is an emphasis upon productive work, communal activities, and group discussions. The criteria for selecting patients to the Unit from other wards in the hospital are that they should have been in hospital for at least 2 years, be relatively stabilized and socially acceptable, have reasonable current work records within the hospital, and be under the age of 55 years.

The staff of the Unit comprises a part-time consultant psychiatrist, four ward nurses, and a psychiatric social worker, in addition to which two administrative nurses and two occupational therapists perform duties connected with the running of the Rehabilitation Unit. All of the staff meet together regularly to discuss and review the patients, and to make decisions about their work and social placement, and a local Disablement Resettlement Officer also attends these meetings.

A social research programme has been developed in an attempt to assess the social adjustment of the patients and to measure and evaluate the work of the Unit.

Preliminary experience would suggest that the rehabilitation of many such patients is likely to be a lengthy and difficult task, and therefore any final

assessment of outcome must form part of a long-term research programme.

PATIENTS STUDIED

Although the Rehabilitation Unit has accommodation for 51 females and 43 males, the number actually resident fluctuates somewhat, because of transfers of patients to and from the Unit, and the discharge of patients from the hospital.

For research purposes it was decided to study all those patients who were resident in April, 1957, when the Unit was opened and the investigation was started. These comprised 40 men and 45 women, but some data were not available and could not be obtained for every individual patient, so that there is some variation in the total figures in the Tables presented below.

75 out of the 85 patients had been given a diagnosis of schizophrenia, and the other ten were distributed in various other diagnostic categories. A detailed analysis was not possible, but a comparison between schizophrenic and non-schizophrenic patients did not reveal any significant differences with regard to the variables which were investigated. For the purpose of subsequent analysis they were all regarded as long-stay psychotic patients.

AIMS AND METHOD OF STUDY

The aims of the study were first to compare the opinion of the patient with that of his relatives about his prospects of living and working outside the hospital, and secondly, to compare the social prognoses given by the staff, the patient, and the relatives with the patient's subsequent social placement.

A Patient-Attitude Questionnaire including questions related to rehabilitation, was given to the 40 male and 45 female patients, who were interviewed by the Unit Psychiatric Social Worker. The relatives

* Mental Health Research Fund Fellow.

of 57 of these patients were also interviewed, many of the same questions being used. The following analysis is based upon the cases in which both the patient and his relatives could be interviewed. In each case an attempt was made to contact the current key relative of each patient, defined as the closest relative who maintained some contact with the patient, and to whom the patient might return if discharged from hospital. Some patients had no living relatives, and in some other cases interviews were impracticable. The relationship to the patient in those cases where contact was made is set out in Table I.

TABLE I
INTERVIEWS WITH RELATIVES OF PATIENTS

Type of Relative Interviewed	Number of Patients		
	Male	Female	Total
Parent	20	13	33
Spouse	5	0	5
Sibling	6	9	15
Others	3	1	4
Total	34	23	57

(1) ATTITUDES OF PATIENTS AND THEIR RELATIVES

If the patient returns to live at home when he leaves the hospital, the attitudes of relatives may be of considerable importance in that they may either reinforce or weaken the patient's attitude, and consequently affect his prospects of successful rehabilitation.

The data presented and discussed below illustrate some of the attitudinal differences between the patients and their relatives (Tables II to VI).

Table II indicates that, compared with their relatives, significantly more of the patients gave themselves high ratings for their previous work performance. This difference is shown further in that 33 of the forty patients who gave themselves high ratings were given low ratings by their relatives.

TABLE II
WORK PERFORMANCE BEFORE HOSPITALIZATION

Rating of Work Performance	Respondent		
	Patient	Relative	Total
Low	17	46	63
High	40	11	51
Total	57	57	114

$$\chi^2 = 24.367; \text{d.f.} = 1; p < 0.01$$

There were seven cases of agreement about high ratings, and thirteen cases of agreement about low ratings. It may be hypothesized that in cases where there is agreement between the patient and his relative, this will in part determine the aspirations and future work performance of the patient.

There were significant differences between the estimates of patients and their relatives of how easy it had been for them to live together before hospitalization (Table III); 36 of the patients and only two of the relatives thought that it had been easy, and in each of the twenty cases in which the patient thought it had been difficult, his relative was also of this opinion.

TABLE III
DIFFICULTIES IN LIVING TOGETHER EXPERIENCED BY PATIENTS AND THEIR RELATIVES

Living Together	Respondent		
	Patient	Relative	Total
Difficult	20	54	74
Easy	36	2	38
Total	56	56	112

$$\chi^2 = 43.373; \text{d.f.} = 1; p < 0.01$$

28 patients compared with only six of their relatives thought their prospects of discharge were good (Table IV). It is difficult to know whether any of these patients gave this response because they thought it was expected of them as members of a rehabilitation unit, but it is clear that most of the relatives do not expect the patients to leave the hospital. Amongst the patients themselves, significantly more of those who had been in hospital for over 5 years felt that their prospects of discharge were poor. ($\chi^2 = 4.181; \text{d.f.} = 1; p < 0.05$).

TABLE IV
PROSPECTS OF DISCHARGE FROM THE HOSPITAL

Prospects of Discharge	Respondent		
	Patient	Relative	Total
Poor	28	50	78
Good	28	6	34
Total	56	56	112

$$\chi^2 = 18.500; \text{d.f.} = 1; p < 0.01$$

Table V (opposite) shows that more of the patients wished to be discharged than actually expected this to happen, and relatives also showed more positive wishes than expectations. However, whereas most of the patients expressed a wish to be discharged

about half of the relatives preferred them to stay in hospital. There were 24 cases in which both the patient and his relative expressed a desire for discharge, but in the remaining 22 cases in which the patient wanted to leave hospital, his relative preferred him to stay in hospital.

TABLE V
PREFERENCE FOR DISCHARGE OR STAYING IN HOSPITAL

Preference	Respondent		
	Patient	Relative	Total
Discharge	46	28	74
Stay in Hospital	9	27	36
Total	55	55	110

$$\chi^2 = 11.933; \text{d.f.} = 1; p < 0.01$$

About four-fifths of the patients thought they were capable of working outside hospital, whereas only half of the relatives were of this opinion (Table VI). There were nineteen cases in which there was agreement about this, and only six cases in which the patient thought he would not be able to work but his relative thought that he could. Significantly more female than male patients thought they were capable of working outside hospital. ($\chi^2 = 4.936$; d.f. = 1; $p < 0.05$).

TABLE VI
ESTIMATE OF PATIENT'S ABILITY TO WORK OUTSIDE HOSPITAL

Outside Work	Respondent		
	Patient	Relative	Total
Could Work	39	25	64
Could Not Work	11	25	36
Total	50	50	100

$$\chi^2 = 7.335; \text{d.f.} = 1; p < 0.01$$

(2) SOCIAL PLACEMENT OF PATIENTS 2 YEARS AFTER ADMISSION TO REHABILITATION UNIT

It will be recalled that all the patients in the research sample had already been in hospital for at least 2 years when they were selected for the Rehabilitation Unit on April 25, 1957. Soon after they were admitted to the Unit a study was performed of the attitudes of the patient, his relatives, and the Unit staff. One of the main questions about rehabilitation was—"What do you think are the patient's prospects of being discharged from the hospital?" Table VII shows the prognoses given by these different respondents in relation to the social placement of the patients on April 25, 1959, 2 years after admission to the Rehabilitation Unit, and therefore at least 4 years after admission to the Hospital.

In April, 1959, twelve of the research sample of patients were both living and working outside the hospital, and another four patients were working outside, but returning each evening to the Rehabilitation Unit. These two groups of patients have been considered together in the present analysis, but, as some of them have only recently left the hospital, it is too early to evaluate the outcome of their social placement.

Weekly clinical conferences were held by the staff of the Rehabilitation Unit, and it was on the basis of decisions made at these meetings that the sixteen patients were placed in jobs in the community, and 22 other patients were transferred to other wards in the hospital as unsuitable for rehabilitation at that time.

A more detailed comparison was made of these two groups, excluding those patients who were still on the Unit, about whom a rehabilitation decision had not yet been made. Table VII shows that all of the staff and many of the patients showed a considerable degree of accuracy in the prognosis which they had given 2 years earlier.

TABLE VII
SOCIAL PLACEMENT OF PATIENTS IN 1959, COMPARED WITH PROGNOSIS IN 1957

Placement in April, 1959				Working Out of Hospital			Still Living in Unit			Transferred to Other Wards		
Social Prognosis in April, 1957				Good	Poor	Total	Good	Poor	Total	Good	Poor	Total
Prognosticator	Patient*	..	..	12	4	16	19	28	47	6	16	22
	Relative	..	..	3	11	14	3	29	32	0	13	13
	Doctor**	..	..	15	1	16	13	34	47	4	18	22
	Social Worker***	..	..	12	4	16	3	44	47	1	21	22
	Ward Nurse****	..	..	12	4	16	6	41	47	0	22	22

* $\chi^2 = 6.567$; d.f. = 1; $p < 0.01$

** $\chi^2 = 18.244$; d.f. = 1; $p < 0.01$

These tests of significance are based upon a comparison of those patients who are working outside hospital with those who have been transferred to other wards.

*** $\chi^2 = 17.419$; d.f. = 1; $p < 0.01$

**** $\chi^2 = 20.769$; d.f. = 1; $p < 0.01$

The social placement of the patients is worked out on the basis of shared and agreed decisions by the staff. Table VIII shows the extent to which various staff members agreed with each other about the prognosis of the patients in relation to subsequent placement.

TABLE VIII
SOCIAL PLACEMENT IN RELATION TO CORRECT PROGNOSIS

Staff in Agreement	Working Out		Transferred to Other Wards	
	Good Prognosis	Total	Poor Prognosis	Total
Doctor, Social Worker, Nurse	10	(16)	15	(20)
Doctor, Social Worker	12	(16)	15	(20)
Doctor, Nurse . .	12	(16)	16	(20)
Social Worker, Nurse	10	(16)	19	(20)

There appeared to be a considerable degree of initial agreement amongst the staff before discussing the patients and deciding what shall be done with them. Where differences exist they seemed to be in part related to differing degrees of optimism and confidence in the staff members. The doctor was the most optimistic member of the staff, and expressed most confidence regarding those patients to whom he gave a good prognosis, whilst the social worker and the nurses were somewhat less optimistic, and were more confident regarding those patients to whom they gave a poor prognosis. In general, the doctor gave a good prognosis to more of the patients who subsequently worked outside the hospital, and the other staff members gave a poor prognosis to more of the patients who were subsequently transferred to other wards in the hospital.

47 of the 85 patients in the research sample are still living in the Rehabilitation Unit and are not working outside the hospital, and it seems likely that many of them will constitute a more difficult problem of rehabilitation than those who are already working. If the prognoses given by the staff prove to be as accurate for these patients as for those already reviewed, a high proportion of the remaining patients will probably be transferred to other wards. However, twenty of them were given good work ratings by the staff, and many of them could probably be productively employed in sheltered workshops either inside or outside the hospital.

Simmons and others (1956) found that the patient usually got his own way about any plans for rehabilitation. In the present study 22 patients said

they preferred to stay in the hospital rather than be discharged; of these only one is working outside, sixteen are still in the Unit, and five have been transferred to other wards.

There were some differences amongst the staff about the extent to which particular patients were thought to be willing or able to leave the hospital. The doctor thought that 38 of the whole group were unwilling to leave the hospital of whom ten were capable of doing so; the social worker thought that 31 were unwilling of whom fourteen were capable; and the nurses thought that 26 were unwilling of whom eighteen were capable. Whichever of these estimates most accurately reflects the real situation, it would seem that the attitude of the patient may constitute one of the main obstacles to rehabilitation. Further research would be necessary to show why these patients do not want to leave the hospital, and what procedures could be adopted to change their attitudes and persuade them to leave.

DISCUSSION

It is not known how many of the present group of patients will eventually be discharged, nor what proportion of such patients will go to live with relatives when they leave the hospital. There are some cases where this is not practicable, and others in which it does not seem desirable.

Out of 82 patients in the Rehabilitation Unit, 48 said they were not sure where they could go to live if they left the hospital (Folkard, 1960). Simmons, Davis, and Spencer (1956) found a significant tendency for discharged mental patients to shift their social setting on discharge, a process which is associated with the breaking of family ties. There is some evidence to suggest that patients who go out and live away from home make a better social adjustment than those who return to live with relatives. Stringham (1952) stated that a job away from home was a factor favouring a successful adjustment outside hospital, and Freeman and Simmons (1958) found that patients living with parental families had a lower work performance than those living with conjugal families, and attributed this to the lower expectation of parents. Brown, Carstairs, and Topping (1960), in a study of schizophrenic patients discharged after more than 2 years' stay in a mental hospital, found that ability to remain out of hospital and level of social adjustment were related to the social group to which the patient went; patients staying with siblings or in lodgings did better than those staying with parents or with wives, or in large hostels.

The significance of the attitude of the parties involved in determining the discharge of patients is discussed by Simmons and others (1956), who found that there was often considerable disagreement about discharge plans between the hospital, the patient, and the relatives. As already noted, the patient almost always got what he himself wanted, usually when one or both of the other parties agreed with him, but also in the infrequent cases where they did not. These authors suggest that, in the discharge process, purely medical considerations are often overshadowed by social and interpersonal factors. Davis, Freeman, and Simmons (1957) suggest that it is possible to develop predictive instruments from patient's and relatives' attitude responses as well as from family structural differences.

The preliminary findings from the Rehabilitation Unit at Netherne Hospital suggest that the staff are better judges of the patient's chances of discharge than the patient himself, although in the light of subsequent social placement many of the patients are also seen to have given themselves a correct prognosis. The relatives of the patients have by far the lowest expectations of the patients' performance levels and chances of discharge, a factor which may have considerable implications for the rehabilitation of those patients who go to live at home when they leave the hospital.

SUMMARY AND CONCLUSIONS

(1) 85 patients who had been in a mental hospital for 2 years or more, and had been selected for a programme of rehabilitation, were asked questions about their attitudes to living and working outside hospital. The key-relatives of 57 of these patients were asked similar questions, with a view to identifying shared and differing attitudes, and to assessing the significance which these might have for the subsequent rehabilitation of the patient. Staff views on social prognosis were also obtained, and these

were related to the social placement of the patients 2 years later.

(2) Compared with their relatives, significantly more of the patients gave themselves high ratings for their work performance before admission to hospital; thought it had been easy to live with their relatives; thought that their prospects of discharge from the hospital were good; expressed a preference to be discharged rather than to stay in the hospital; were confident of their ability to perform a job of work outside the hospital.

(3) Many of the patients seemed capable of living and working in the community, but did not want to leave the hospital, and this attitude appears to be one of the main obstacles to rehabilitation.

(4) The patient's self-prognosis, and the prognoses given by the staff of the Rehabilitation Unit were shown to be significantly accurate in relation to the social placement of the patients 2 years later. Differences in judgment amongst the staff appear to be related to differences in their optimism and confidence.

(5) The further outcome of the social placement of the patients will be assessed by a follow-up study of those patients who return to live in the community. This will be undertaken one year after they have left the hospital.

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