

# THE DAY RELEASE SCHEME AT VIEW ROAD HOSPITAL

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## ABSTRACT

*Psychiatric rehabilitation has been carried out in View Road Hospital since 1975. The training and programmes have been developed over the years and are now individualised according to each patient's abilities, handicaps and needs. The various steps in rehabilitation are outlined. The emphasis in View Road Hospital is on work rehabilitation and social functioning so that the patient can adapt to outside life.*

*Its success is reflected in the Day Release Scheme. Of the 250 patients in View Road Hospital, 92 patients are now on this Day Release Scheme. The majority are young (30-49 age group) and have secondary education. The criteria for this scheme are described.*

*Keywords: psychiatric rehabilitation, Day Release Scheme*

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## INTRODUCTION

Rehabilitation forms an important integral part of psychiatric management. It aims at reducing the various handicaps associated with mental illness, or at least preventing their deterioration, so that the patient can be restored to functioning as a fairly normal person in two main aspects – work and social living<sup>(1)</sup>.

In Singapore, View Road Hospital functions as a centre for rehabilitation of psychiatric patients. The emphasis is on work and on a range of activities to suit different interests and abilities. The goal for many of the patients in View Road Hospital (VRH) is the Day Release Scheme in which they go out to work in jobs they are trained and selected for, while continuing to live in the hospital. The sheltered environment is necessary as many of the patients are not fully independent and are not capable of living on their own. In many cases their families are rejecting and unable to provide support and care they need.

The Day Release Scheme returns the patient to society using his potential in work. It helps develop his talents and abilities and provides opportunity to work with other people and prepares the patient for outside life. Success in work helps patients gain confidence and self-esteem.

Although View Road Hospital began to take in patients in 1976, its function as a rehabilitation centre gained momentum in the eighties. The initial group which was sent to View Road Hospital consisted of burnt-out Chronic Schizophrenics, mostly in the older age group. View Road Hospital then functioned like a long-stay ward. But with the changing role and active rehabilitation, patients are now specially selected for training at View Road Hospital. Many of the newer incoming patients have also benefitted from training programmes which are now available in Woodbridge Hospital.

The Day Release Scheme began in 1984 and by the end of April 1992, there were 92 patients on the programme. This paper profiles the patients on the Day Release Scheme, highlights the training provided and discusses the rehabilitation process.

## FINDINGS

Of the 213 inpatients in View Road Hospital at the end of April 1992, 92 (43.2%) were on the Day Release Scheme. There were 69 males and 23 females, a male: female ratio of 3:1 compared to the inpatient ratio of 7:1 (193 males and 27 females).

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The age distribution of the workers is shown in Table I. The majority were in the 30 to 49 age group. Eighty-five of them were Chinese, 5 Indians and 2 were Eurasians.

Table I - Distribution of patients by age, sex and race

Age	Chinese		Indian		Others		Total
	M	F	M	F	M	F	
20 - 29	2	2					4
30 - 39	28	10	1	1			40
40 - 49	26	6	2		1	1	36
50 - 59	8	3					11
60 and above			1				1
Total	85		5		2		92

The educational status of the group is shown in Table II. The majority of the patients had secondary education. One patient had a polytechnic diploma and two patients had been to the University for a year before they became unwell and had to discontinue the course of study.

Table II - Educational level of the patients on the Day Release Scheme

Educational Level	No. of Patients (n = 92)
No formal education	4
Primary education	33
Secondary education	47
Technical/vocational	2
Pre-university	3
Tertiary	3

Eighty-eight of the worker patients had a psychiatric diagnosis of Schizophrenia; three patients had an Affective Disorder and one patient had Temporal Lobe Epilepsy. They were all still on medication; three patients were on depot preparations alone, 31 patients were on oral medication and 58 patients were on both depot and oral treatment.

At the time of this review, the longest a patient had worked was for eight years. The minimum time before patients, who were transferred in, were placed out to work was four to six weeks.

This allowed time for assessment of work performance and other skills and time to adjust to the new setting in View Road Hospital. The majority took a much longer time to train. These were the older patients who had been in Woodbridge Hospital for many years and had not had the opportunity to go through the many new programmes which have since begun in Woodbridge Hospital.

The worker patients' other skills were also reviewed. These included Social Skills and Activities of Daily Living. Of the 92 worker patients, only 2 were still rated poor in Social Skills. They were still aloof and had no friends. Eighty worker patients were rated adequate in Activities of Daily Living; only twelve needed minimal supervision.

## DISCUSSION

The rehabilitation programme at View Road Hospital is intensive and goal-directed ie towards the Day Release Scheme and where possible, Residential Placement (the patient is discharged to stay and work with the employer). Despite the size of the hospital and the variety of vocational training programmes, rehabilitation at View Road Hospital is always tailored to individual needs.

Various handicaps are associated with mental illness particularly Schizophrenia: (1) intrinsic handicaps, assumed to be an integral part of the illness (eg slowness), (2) extrinsic handicaps such as low intelligence, poverty, poor occupational skills, (3) secondary handicaps for example poor self-confidence and motivation which can arise in reaction to intrinsic handicaps<sup>(2)</sup>. The success of the rehabilitation programme is largely due to the careful assessment of each patient's handicaps.

At View Road Hospital the Ladder model of rehabilitation, described by Early in 1965 is used; rehabilitation is viewed as a series of small steps. Generally the rehabilitation programme proceeds on two fronts: social-domestic and employment. But we acknowledge that progress may be uneven in different areas and that 'resting places' need to be provided for those who cannot make steady progress to the top.

Patients put up for rehabilitation are reviewed by a Selection Committee comprising Psychiatrist, Medical Social Worker, Occupational Therapist and Nursing Officer. This Committee is also the Management Team that assesses the aims for each patient, formulates a series of attainable objectives and continues to review the patient's progress during his stay in View Road Hospital.

Upon transfer to View Road Hospital, patients are categorised into three main groups according to functional level. The categories are as follows:

- (1) Independent group – patients are able to look after themselves, travel, work outside. Patients on the Day Release Scheme are from this group.
- (2) Semi-dependent group – patients are able to look after themselves but unable to work outside; still in need of the sheltered environment.
- (3) PINS (Patients in need of supervision) – these need to be supervised for personal hygiene and/or work performance. It is this group which needs a lot of time and attention.

A great deal of adjustment is necessary when a patient first comes to View Road Hospital. Although the hospital has an open-door policy and patients are given some measure of autonomy, time is structured with work-related activities. Wing and Brown's "Three Hospitals" Study showed that the single most important factor determining levels of negative symptoms among long-stay patients in hospital was the amount of time spent doing nothing<sup>(3,4)</sup>.

Patients are allowed outings and leave with prior arrangements with staff; patients run a Management Committee that meets every weekend to discuss issues about their stay there. A staff member sits in at these meetings and helps direct discussions, if necessary. There is also a "Buddy System" for new patients and those patients who are already working outside are used as role-models.

A variety of training programmes are available in View Road Hospital and patients may be moved from one programme to another as their work skills improve. Some of the Vocational Training Programmes include a variety of contract jobs which require different levels of skill: carpentry, hospital laundry, housekeeping/maintenance work, coffeeshop/boutique work, basketry and tailoring. However rehabilitation is not always directed towards employment in industry because patient's capabilities are different and some need a sheltered environment. Hence other activities are provided: farm/nursery work, helping in the hospital kitchen. For patients in need of this level of low-skill work, the jobs provide a sense of achievement and less risk of eventual failure.

Apart from vocational training, between 8 am and 3.30 pm, various treatment programmes are run by the nursing staff. These include Social Skills Training, Daily Living Skills (grooming, housekeeping), Coping Skills, Group Therapy, Behaviour Modification Programme and Counselling of family members.

The nursing staff also run Educational Programmes like talks on sex and financial matters, preparation for outside employment. Social programmes are also arranged such as outings to places of interest. Patients are encouraged to socialise through functions they plan and help arrange.

Every patient is continuously assessed during his stay in the hospital. He is ready to start on the Day Release Scheme once certain criteria are met. The patient's mental state must be stable and the patient must be able to handle or need only minimal supervision with activities of daily living. The patient must have adequate social skills to interact with other workers. His work performance must be adequate and work skills and abilities must be matched to the jobs available. Consent must be given by the family and the patient must agree to outside employment. The patient also meets the employer in a pre-employment interview where he is told what the job entails, what is expected of him and his salary is discussed.

Once on the Day Release Scheme, patients do sometimes face difficulties and staff actively provide back-up with Counselling and Supportive Therapy. These difficulties arise from having to work and adjust to a new environment, getting along with colleagues who are not psychiatric patients, the pressure and often a different pace of work.

Generally the mental state, work skills, social skills and daily living skills are significant factors which help predict which patients would eventually or are likely to enter the Day Release Scheme once they start the rehabilitation programme. As many of our patients are rejected by their families and were long-stay inpatients, family support was not an important factor in getting them out to work. Yet we have had patients who met all the requisites but refused outside employment. Our impression is that there is an innate and volition related factor that makes a patient decide he wants to go out and work and which plays a decisive role in whether he succeeds in outside employment.

We have found that the Day Release Scheme encourages a sense of 'mastery', focuses on strengths and reduces feelings of dependency. For our patients it plays an important role in maintaining social functioning.

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