

PSYCHIATRIC DAY CENTRES - THE SINGAPORE EXPERIENCE

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ABSTRACT

Psychiatric Day Centres are an important aspect of psychiatric community services and care. In Singapore we have developed our Day Centres with the needs of our own patients in mind. At present there are four Psychiatric Day Centres and they focus on vocational and psychosocial rehabilitation.

A wide range of structured activities are provided at each of the Day Centres and the programmes are individualised as far as possible to meet the needs of each patient. A multidisciplinary team looks after each patient.

This paper outlines the historical aspects of Psychiatric Day Centres and highlights the objectives of the Day Centres administered by Woodbridge Hospital. Patients are grouped into three categories according to their occupational and social skills; programmes and care are provided according to their needs.

Of the one hundred and eighty attenders, the sex distribution is almost equal and they are mainly in the twenty to forty-nine age group. Schizophrenia is the most common illness among the attenders and the majority are in the Sheltered Work Group. More than half of them had attended a Day Centre for between one to two years and less than a third had recent admissions to hospital.

Keywords: psychiatric day centres, psychiatric rehabilitation

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INTRODUCTION

Community psychiatric services expanded in the 1950s with the introduction of psychotropic drugs and the move towards deinstitutionalisation.

Partial hospitalisation for psychiatric patients was first used in Russia in the late 1930s. In the United Kingdom, the Marlborough Day Hospital opened in London by Joshua Bierer in 1946, is recognised as the first independent day treatment centre. Other centres were then opened in Canada and the United States^(1,2).

But Day Centres generally developed along different lines in different countries. For example, in Russia the emphasis was on work. Canada stressed psychotherapeutic methods. In the United Kingdom, Bierer's Day Hospital was established along the lines of a therapeutic community then in vogue and was to provide a social and therapeutic environment/milieu which was geographically and administratively separate from any parent hospital⁽³⁾.

Other psychiatrists such as Harris emphasised the advantages of day care and more units were developed in the United Kingdom and by 1962 when the Hospital Plan for England and Wales (DHSS 1962) was prepared, the role and function of day services was clearly defined⁽¹⁾.

Traditionally, in the United Kingdom, Day Hospitals were provided by Health Authorities for active treatment (medication and a range of professional intervention - psychological, social and occupational). They treat acute

patients in the community and avoid inpatient or overnight hospitalisation. The Day Centres became the responsibility of Local Authorities and they provide more long-term support and social contact^(4,5).

Psychiatric Day Centres in Singapore

In Singapore, Woodbridge Hospital runs four Day Centres as part of its Community Psychiatric Service. Three are community-based and one, attached to the Institute of Mental Health.

In Singapore, we have had to develop and test effective strategies in community care, bearing in mind the needs of our own patients. We have also to deal with a new group of younger patients, the "never institutionalised patient" who, despite long term mental illness, can survive out of hospital but remain socially and vocationally disabled. Our psychiatric Day Centres focus on psychosocial and vocational rehabilitation.

Objectives of the Day Centres

The programmes aim to develop and instil good work habits, improve living skills and social adjustment, meet patients' needs for support and social contact. The centres help in the area of work by advising patients on jobs and help in placing patients who are ready for employment. The centres also ensure that patients continue follow-up and maintenance drug treatment. And also by providing Respite Day Care for families in cases where this is necessary, the strain on families is relieved.

Types of patients

The Day Centres provide for three broad categories of patients:

- (1) Respite/Day care group: This group of patients cannot hold regular jobs. Their performance is poor and work output minimal. The Day Centres help them maintain what skills they have, help them socialise and provide respite for their families.
- (2) Sheltered Work group: The second group consists of patients who are unable to cope with the demands of

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open employment and/or unable to achieve minimal work standards required in the labour market. If and when they do join the labour force, it is often only for brief periods. For these patients, the Day Centres provide a non-threatening, sheltered work environment.

- (3) Active Rehabilitation group: The third group consists of patients who can be actively rehabilitated and can eventually gain outside employment.

The needs of these three groups are served by the objectives of the Day Centres.

Programmes offered

Each Day Centre is autonomous in the range of therapeutic activities and programmes it provides. However the main activities are Work Rehabilitation, Living Skills training and Social and Recreational activities.

Given that each patient is different with his/her unique profile of assets, deficits, vulnerability to stress and severity of symptoms, attempts are made as far as possible to individualise the programme for each patient to best meet his needs.

Work has always been recognised as an important aspect of psychiatric rehabilitation. Pinel propounded "moral treatment" in the early 1800's which focused on "prayer, good manners and occupied hands and minds"⁽⁶⁾. Bennett emphasised that work programmes could improve patient management, reduce the effects of psychotic symptoms and serve as a productive and time consuming activity⁽⁷⁾.

Geoff Shepherd has always maintained that "Work is still of central importance in the maintenance of social functioning for people with serious and long-term mental illness"^(8,9). Mackota and Lamb stated that work "encourages a sense of mastery, helps reduce feelings of dependency and the sick role, focuses on strengths rather than weaknesses"⁽¹⁰⁾.

And so our Day Centres provide a variety of programmes depending on the needs and capabilities of the patients. There is structured activity as well as programmes to help patients return to the competitive labour work-force.

Patients are trained in a variety of tasks from simple to more complex ones. These are in the form of contract work from local industries and the Day Centres provide a work-simulated environment to prepare them for outside employment. For example, patients clock-in and out and have fixed rest periods.

The type of work includes thread cutting, stringing plastic bags, cutting and folding polyfoam and sewing of soft toys, pillows and quilts. Various contractors bring in work which also generate income. Essentially, the Day Centres provide work evaluation, training, guidance and placement.

Patients are also helped to develop basic living skills and this is done through training in home management, domestic and cleaning activities. Personal grooming sessions are held as well as sessions in dressmaking, hairdressing and knitting.

Social and recreational activities are also provided - from daily physical exercise sessions to karaoke sessions, video shows, newspaper discussion, swimming outings and art and craft sessions. A feature at all the Centres now is computer lessons. The activities for each day are structured to help patients and inculcate discipline.

How the Day Centres function

Each patient comes under the care of a multidisciplinary Management Team comprising a Psychiatrist, Occupational Therapist and Medical Social Worker. The other Day Centre

staff include Workshop Assistants and Health Attendants. Where necessary help is sought from the Community Psychiatric Nurse and Psychologist.

The Management Team meets once a week to assess new referrals and to review the current day centre attenders. When patients are found to be ready for outside employment, the Medical Social Worker and Occupational Therapist will provide help in placing them in suitable jobs.

New referrals are accepted from psychiatrists and medical officers from Government psychiatric hospitals or psychiatric outpatient clinics using prepared forms.

For new cases, there is an initial assessment interview at which the patient and his/her family are seen. They are informed about the programme and activities. The patient's suitability for a Day Centre Programme is assessed. A Mental State Examination is done, history of educational and previous occupational functioning, motivation to attend, social functioning and family support are assessed. If financial assistance is needed, this is also discussed.

Generally we have found that the following categories of patients are unsuitable for entry into the Day Centre Programme:

- (1) severe personality disorders such as anti-social and borderline personality disorders,
- (2) moderate to severe mental retardation,
- (3) patients with a history of substance abuse,
- (4) patients whose mental state is not well stabilised,
- (5) patients who are suicidal, aggressive or violent or sexually disinhibited.

Patients attend the Day Centre daily (five and a-half day week). Fees are not charged. Patients are given a monthly incentive payment depending on their work performance.

Patients who are placed out in open employment are followed up regularly by the Medical Social Worker. The latter will also liaise with the patients' employers. Patients may be recalled to the Day Centre for counselling or further training if and when necessary.

Demography of Day Centre attenders

Three of the Day Centres were reviewed; Choa Chua Kang Day Centre was excluded as it has only recently begun functioning.

As of October 1993, there were 59 patients attending Mandalay Day Centre, 74 at Alexandra Day Centre and 47 at the Institute of Mental Health Day Centre, making a total of 180 patients. There were almost equal numbers of males (46.1%) and females (53.9%).

In all the three Day Centres, most of the patients (about 90%) are in the 20 to 49 years age group. Eighteen patients are in the 50 to 59 years age group and only 3 in the 19 years and below age group.

The majority of the cases, almost 80% (143 patients) are Schizophrenics and 13% (25 patients) are mentally retarded. Of the remaining patients, 5 have an Affective Disorder, and 3 patients have Epilepsy. Two patients have a Schizoaffective diagnosis, one with a neurosis and one with a diagnosis of postencephalitic personality change.

According to patient categories, most of them are in the Sheltered Work Group (73.9%, 133 patients). There were 12% (27 patients) in the Respite Care Group and 11.1% (20 patients) in Active Rehabilitation. Length of attendance at the Day Centres: 57.8% attended between thirteen and twenty-four months. There were five patients who had attended a Day Centre for ten or more years and seven patients who had

attended for nine to ten years.

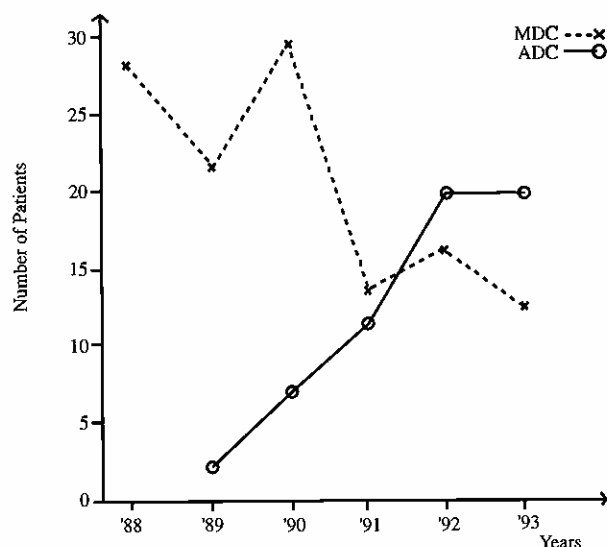
Forty-four patients (29.1%) have had recent admissions to Woodbridge Hospital and most of them were in the last six months. Sixty-four patients (42.4%) were last admitted more than two years ago. There are twenty-five patients who have never been admitted to a psychiatric hospital at all.

About 13% of Day Centre attenders have been ill for more than twenty-five years. There are about 20% in each of the following categories: ill for five years, ill for ten years and ill for fifteen years.

A review of all the new case referrals shows that these have been more or less constant at approximately 440 cases per year over the last ten years. A sharp decrease in Alexandra Day Centre attendances was noted in 1986 but was reflected by a sharp increase in Mandalay Day Centre attendances in the same year. Generally, reattendances of these two Day Centres average 20,200 per year. In 1992 there were 36,854 repeat attendances at the three Day Centres. The new case referrals and reattendances for 1993 will be higher in view of the opening of the new Institute of Mental Health Day Centre.

The number of cases placed in outside employment is shown in Fig 1. Some of the Day Centre attenders found their own jobs and these figures are not reflected in the graph. For those placed out by the Medical Social Works, the longest period of continuous outside employment was four years. There were two patients who had worked this long.

Fig 1 – Number of cases placed in outside employment



CONCLUSION

Generally our Day Centres benefit our psychiatric attenders; these patients enjoy a more independent living arrangement, are less socially isolated and have better occupational functioning. Importantly, studies in Singapore have shown that not only are hospital admissions reduced for our Day Centre attenders but the length of hospital stay is also reduced for those patients who are admitted. Families (84% of patient relatives) too reported improvement in patients behaviour at home⁽¹¹⁾.

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