The Other Side of Psychiatric Care

The 'New Approaches to Care' Series

Patients are people. They have feelings, families and fears. Whatever the cause for their seeking help, the caring professional will find that he or she will be concerned with these other issues. All illness carries with it anxiety and each person has very individual and important feelings about it; feelings which can easily be forgotten or neglected when nurses become preoccupied with the details of treatments, procedures and ward routines.

The '*New Approaches to Care*' Series aims to explore this 'other side' of care in a practical and realistic way, emphasising the importance of meeting all the patients' needs, whilst recognising the constraints and problems which so often make the 'other side' the forgotten side of patient care.

The books in this series examine the implications that treatments, procedures, investigations and routines can have for patients and their families. They also aim to help nurses gain some insight into the problems, feelings and anxieties which people can experience when they are being looked after in hospital or the community. The series will thus offer a tangible starting point for all nurses and other professionals, both in training and in practice, to give their patients the most complete and understanding care possible.

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THE OTHER SIDE OF PSYCHIATRIC CARE

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To Edwin Garland, my husband,
who drew my attention to this prayer
shortly before this book went to press:

‘Oh, Great Spirit, help me never to
judge another until I have walked
two weeks in his moccasins.’

Sioux Indian Prayer

Contents

<i>Preface</i>	<i>xi</i>
<i>Acknowledgements</i>	<i>xiii</i>
Part One: Patients as People	1
1 Patients First	3
Why we must start here	3
2 Patients, Staff and Attitudes	7
Relationships — the heart of the matter	7
The need to relate	7
‘Me-me-me!’	9
Staff-patient attitudes	11
Getting attitudes right	11
Are patients people?	15
Are patients ill?	19
How do nurses see their role?	22
What role is the patient to play?	24
The adult-adult approach	25
Putting ourselves in the patients’ shoes	30
3 Patients and Staff Together	35
Getting stuck in the office!	35
On the ward	36
Winning the patients’ acceptance	36
Working with patients on the ward	38
Games on the ward	39
Group meetings in the ward	40
Patients with patients	41
Around the hospital	43
Freedom to roam	43
Expanding horizons	44

Giving patients more normal experiences	44
More work experience?	46
A question of choice	48
Out of the hospital	48
Unfamiliar situations	48
Back into ordinary homes	52
Out with relatives	53
The patient alone	53
Away for the night	54
In relatives' homes	54
Away with staff	54
4 Patients and Diagnoses	61
The desire for diagnosis	61
Do staff want to 'particularise'?	61
Patients want acceptability	62
Relatives want reassurance	63
The case against diagnosing	64
The danger of the label	64
The difficulty of being sure	67
Diagnosing — an emotive subject	68
Diagnosis and the schizophrenia debate	71
What is schizophrenia?	71
Other debatable illnesses	75
Does it matter if the diagnosis is hard to make?	75
5 Patients and Treatments	79
So many ways to try	79
The patient receiving treatment	83
The patient as part of the team	89
Learning to live with the problem	91
Respecting the patients' choice	92
Part Two: The Viewpoint of the Staff	95
6 A Good Look at the Staff	97
Who are the staff in psychiatric hospitals?	97
Fifty niggles felt by staff at work	98
Coming to terms with stress	104
Recognising the symptoms	104

Identifying and sorting the stresses	105
A cartoon approach	105
Using some assertiveness	106
Putting ourselves in their shoes	107
Looking forward	109
Looking for joy	111
Getting away from it	113
Part Three: Looking at the Relatives of Psychiatric Patients	115
7 Relatives and Friends	117
Finding the relatives	117
Getting the relatives to come	118
Involving relatives and friends	120
The invaluable triangle	120
Accepting the relatives	121
Recognising the relatives' needs	123
Helping the relatives	124
Postscript: Life Beyond the Psychiatric Hospital	129
8 Beyond the Hospital	131
Putting the book in perspective	131
The 'get-them-out' movement	132
The 'keep-them-out' movement	138
The hospital as a support	138
Looking to the future	140
Appendix: Further reading for readers and non-readers	143

Preface

This book is one of a series which looks at the other side of caring for a range of *people* who — through no fault of their own — become *patients*.

The overriding purpose of the whole series, called '*New Approaches to Care*', is to insist that patients are people, no matter what they may be suffering from, nor what their ages. The first book (June Jolly's *The Other Side of Paediatrics*) was about young patients and the second was about old patients (Pat Brown's *The Other Side of Growing Older*). So, if one thing comes over more than anything else, I hope it is the 'peopleness' of the psychiatric patients who appear in this book. It certainly is full of people: Stuart, Nancy, Shirley, Greg, Peter, right through to Pam, who is the last to be mentioned, though none is given his/her true name.

The importance — for all those who come into contact with psychiatric patients — of the interplay between person and person is highlighted in this book. 'Relationships' and 'interaction' are amongst the most common jargon words these days, but they are talked of so much because they are so important. So we have people, and people relating to each other, and one more special ingredient. In Chapter 1 I shall be emphasising my belief in the value of deliberately trying to step into the shoes of other people, and particularly those we care for, in order to consider how they may think and feel. I could have kept saying 'Imagine how that patient might feel when such and such happens'. Instead I have urged that we get closer: 'Let me imagine I am Stuart . . . Let me imagine I am Nancy. How do I feel?'

This book is to be about patients, psychiatric patients usually. It's for all those who care for them, starting from my viewpoint as a psychiatric ward sister, but relevant, I hope, to others who work in the psychiatric hospital, or in

health care generally, or even those for whom the patient is their relative or friend. I want to show how helpful it is when patients, staff and relatives work together. So, as well as stepping into the shoes of the patients, we'll step also into the shoes of fellow staff, and the shoes of relatives.

I have included in a later chapter, specifically on the relatives of psychiatric patients, a description of 'the invaluable triangle' which encompasses psychiatric patients, staff and relatives. Although most of this book is about the patients, the chapters on the staff and the relatives are equally important.

As I have already said, it is the precise point of this series of books to recognise patients as people and to treat them as such. In our case, this involves looking at the sociological and psychological aspects of psychiatric care. But this is not to minimise the part that medical care must play in psychiatric care. The three are inextricably intertwined.

Chichester, 1982

M.G.

Acknowledgements

So very many people have contributed to the making of this book directly and indirectly, and I wish to thank them. This is, inevitably, far from a complete list.

Will Bridge, then a senior research officer of the Joint Board of Clinical Nursing Studies, and Jill Macleod Clark pioneered the *'New Approaches to Care' Series*, and invited me to write this. Will has guided me and kept my thoughts from straying too wildly. June Jolly, who had already written *The Other Side of Paediatrics*, and Elizabeth Horne, Macmillan's nursing editor, encouraged me. It was great to meet and to work with Gillian Simmonds, the artist, and I am much indebted to her for her contributions to this book.

But these people were not psychiatric experts. Reg Everest, director of nurse education at the Maudsley, read the first draft; and the final draft benefited from his comments. I showed a copy, too, to various nurses in my own hospital and to a tutor, Andy Bessant. All were so encouraging and helpful.

It may be considered remarkable that I sought the advice of so few of my present colleagues. That was because I knew I could only write this in my way. But very many have contributed to the way I think about psychiatric care and these are a few of their number.

Jim and Dora Warren helped train me and went on being available for me to talk to and listen to when I was a staff nurse and first a sister. Sister Garnett (I never called her anything else!) much influenced me during nine whole months of my training. Now I frequently wonder how she put up with me, when I see students being as impatient or as 'clever' or as 'wise' as I was. Margaret Storer, already a sister when I began to train, became a friend and a great listener and talker. I learnt about co-

counselling later, but Margaret and I co-counselled by instinct. Three consultants have played an important part in my career: Donald Dick, Tony Gumbrell and Norman Capstick. From the first I learnt to 'look for the normal rather than for the abnormal', from the second to consider the question 'What is schizophrenia?', and the third helped appoint me to my present sister's post where I have gone on listening and looking and talking and thinking and working things out and, as needed, adapting my views. My final thanks, therefore, to all who work with me, to the many patients I have come to know, and to their relatives, many of whom now feel like friends. God bless. We certainly are not islands.