Day Centre at Institute of Community and Family

"The Day Centre at the Institute of Community and Family Psychiatry was evolved out of the need to provide services for acutely disturbed Out-Patients needing intensive treatment, but who could not find a hospital bed. The formation of the Day Centre thus provided a viable treatment alternative to In-Patient care."

So explains Mrs. Jane Dyne, psychologist, and Day Centre program director at the Institute. For the past two years, the Day Centre has been treating patients referred from the Emergency Room of the JGH, Out-Patient Clinics, Drug Clinics as well as private referrals. The types of patients handled suffer from simple personality disorders to neuroses and severe psychoses.

The staff consists of permanent personnel — a resident, psychologist, social worker, occupational therapist and nurse; administrative-consultant staff — chief psychiatrist and psychologist; students — a psychology student, social work students; and volunteers.

The Day Centre is divided into morning (Re-motivation) and afternoon (Intensive Care) programs. Explains Mrs. Dyne:

"The morning rehabilitation program is devoted to patients with long standing social and vocational deficits. Treatment, in general, is geared towards the development of basic work and socialization skills. The program, in fact, resembles that of a low stress sheltered workshop. The average length of stay is approximately three months and patients are frequently discharged to sheltered work or social institutions.

"The active short-term afternoon program is designed to help acutely ill patients deal with an immediate crisis situation. The program itself is highly structured. Patients participate in a wide variety of groups and are seen individually once or twice a week by their mentor or therapist. Treatment goals are limited and the average length of stay is five weeks. On discharge, the majority of patients are followed up by community agencies, private psychiatrists and in various Out-Patient Department Clinics."

The Day Centre began with a rehabilitation program run by an occupational therapist in a converted O.T. room. The rehabilitation program was begun to deal mainly with chronic patients who, because of long standing severe emotional problems, had extreme difficulty in adjusting to even minimally demanding social and work situations in the community. As a result, these people tended to



A look at the Institute of Community & Family Psychiatry as viewed from Legare Street and Cote Ste. Catherine Road.



The gymnasium is equipped with such things as a ping pong table, volleyball, and net for badminton or volleyball.

remain alienated, isolated, miserable and unproductive. The rehabilitation program, at it has grown, has helped many of these people develop simple routine work skills and basic inter-personal skills so that resources such as Jewish Vocational Services and the Constance Lethbridge Centre will accept them and pay them to do factory-type work.

In July 1971, the Intensive Care program was put into operation and this, along with the expanded rehabilitation

program, became the Day Centre. The afternoon or intensive care program was set up specifically to deal with the acutely disturbed patient who did not require the protection of full hospitalization, but needed more help than weekly-held O.P.D. crisis clinics could provide. The majority of patients come from the Hospital's Emergency Room. People of all ages — adolescents to geriatrics — with a multitude of symptoms and problems are referred; e.g. the depressed suicidal

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Psychiatry continues to grow and fill needs



A patient uses one of the typewriters in the Work Room. Nearby are adding machines and a loom.



The lounge, decorated with bright posters and warm colours provides an atmosphere of relaxation for patients.

housewife with marital problems and the psychotically disturbed young adult with a host of identity problems. The centre provides these people with a structured, semi-protective place to go each day, and within its confines, the patient (and often his family) can obtain help with immediate pressing issues.

The morning program runs from 9 to 12 noon and each day brings with it a specific program. A week's schedule often works out as follows: Monday —

gym (with a volunteer), work period (with an O.T.); Tuesday — socialization group (relating and talking with a social worker), work period (simple, routine tasks such as packaging); Wednesday — an outing (with the volunteers); Thursday — work period, medication clinic (individual patient meets with a doctor), hobbies; Friday — work periods and "field trip" when a staff member and patients will visit a potential job placement site.

The afternoon program is structured differently and runs from 1 to 5 p.m. Patients pick up their medication and begin each afternoon as follows: Monday — mentor time (talking with a therapist), community orientation (introducing new patients), medication clinic (with a doctor and nurse), dance group; Tuesday — group therapy (with a resident and social worker), workshop, mentor time; Wednesday — outing planning, interaction group, gym; Thursday — group therapy, workshop, mentor time; Friday — team outing, screening of new patients.

The Day Centre has no problems with referrals, according to Mrs. Dyne, and approximately 25 patients participate in the programs at one given time. Once referred, a patient is usually admitted within a week, or sooner if it is an emerency. If the patient cannot wait and there are no other resources available, he is taken immediately. Friday is patient screening day when the patients are interviewed and placed either in the morning or afternoon program.

"Patients are constantly being discharged," says Mrs. Dyne, "so that the program is a revolving type of thing. If there are not enough discharges and no room for a new patient, he will be referred elsewhere."

Set up in the basement of the Institute of Community and Family Psychiatry, there are several large rooms available to the Day Centre. There are offices for administrative work and interviews; a gym for ping-pong, badminton, volleyball, basketball and dancing; a kitchen; a group room; a lounge; a staff conference room and an O.T. room where workshops are held and where work is done. Facilities there include a television, piano, loom for weaving rugs, kiln for enamel work, adding machines and a typewriter. In one corner a variety of plants is growing — a favorite project of the group.

"In both programs, a great deal of emphasis is placed on making adequate discharge arrangements, and a group of volunteers is used extensively in the follow-up phase. An ongoing follow-up research project also provides constant feedback about the adequacy of treatment and follow-up for individual patients," concludes Mrs. Dyne.

The Day Centre is, therefore, an essential part of the Institute. Its importance is reflected in the faces of those who are being helped there — helped to adjust to a society which may then be a little less frightening and much more acceptable to them.