The Scottish Psychiatric Rehabilitation Interest Group (SPRIG)

A practical solution*

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The need for such a group as SPRIG was mentioned, although not by name, by Dingwall[1] in his article on psychiatric rehabilitation. SPRIG became operational in 1986 with its inaugural, bi-annual meeting held at Dykebarr Hospital, and consists of personnel working within rehabilitation multidisciplinary teams. Membership is corporate or individual and there are now ten hospitals nationally who have felt sufficiently committed to rehabilitation to invest £50 in acquiring corporate membership.

The impetus behind its development can be related to three major issues:

1. There will always remain a section of the hospital long-stay population that will require the care and security 'asylum' that the psychiatric hospital provides. "In practical terms it was evident that with the opening of the hospital doors patients did not leave, presumably because they were unable to cope with life in the outside world".[2]

   As health professionals we have a commitment to rehabilitation and to a realisation that this will not always result in resettlement.

2. Patients are being discharged from psychiatric hospitals into inadequate community facilities

3. The combination of financial constraints and the government's policy to close large psychiatric hospitals could place hospital authorities under pressure to discharge patients into inadequate community care facilities.

SPRIG is a recognised charity with an accepted constitution with the following objectives:

1. "To promote good practices in psychiatric rehabilitation and psychiatric community care for the benefit of those who are or have been mentally ill".

This is most notably achieved by the bi-annual (spring and autumn) meetings. The first meeting was attended by 98 people from all regions of Scotland. At subsequent meetings, the numbers attending have risen to 130 and above. The format of the meeting is left to the host hospital's rehabilitation team. All meetings to date have promoted a high educational programme by utilising guest speakers from health care professions and voluntary organisations. Slides, videos and films have been used to portray graphically the hospitals rehabilitation service. The following have been discussed:

i. methods of funding rehabilitation units, the amount of self-care money allocated to each patient. Dingwall[1] illustrated the wide variety in the financing of rehabilitation units. The constraints accompanying self-care funds and the problems encountered through insufficient funds have also been discussed

ii. funding of socialisation programmes both for patients and staff accompanying them

iii. the rehabilitation population: many hospitals still deal with a backlog of long-stay patients, whilst other units deal mainly with new chronic, acute rehabilitation and pre-discharge clients. Obviously to some degree the client population will dictate the rehabilitation service required. Discussions have ensued on the professional departments associated with the rehabilitation unit, e.g. occupational and industrial therapy, social work and psychology departments. These professions are always well represented at SPRIG meetings so they are able to present the role they offer rehabilitation.

2. "To promote good communications between staff working in psychiatric rehabilitation and community care".

> "Informed sources are estimating that in the future in Great Britain 95% of nursing skills will take place outside hospital".[3]

It is obvious that hospital-based staff can only stretch themselves so far. Good working relations between rehabilitation staff, community psychiatric nurses and the voluntary organisations established in the community are vital. This is especially important when considering the maintenance of socialisation skills. The difficulty of integrating ex-psychiatric in-patients back into the community requires the accumulated prowess of all the agents in the field as well as the rehabilitation staff.

*Based on a talk given at the Royal College of Psychiatrists, Scottish Division, Spring Meeting, held at Dykebarr Hospital, Paisley in March 1988.

3. "To promote a greater understanding of practical problems in running a psychiatric rehabilitation service".

It is saddening to realise that even within a 'cinderella' service, rehabilitation is the poor relation, particularly in the deployment of nursing services. This is a cause of great concern to SPRIG members and the topic arises regularly at the meetings.

i. selection of staff specifically for rehabilitation (not merely allocated) so as to be motivated to the speciality

ii. recognition of the high burn-out rate among rehabilitation staff (especially nursing)

iii. awareness that rehabilitation staff are continually moved to cover areas of 'higher' dependency at the expense of rehabilitation patients whose programmes are disrupted by staff shortages.

4. "To share knowledge between such services which would help to overcome these practical problems".

SPRIG members are attempting to establish a newsletter; *Review* will be free to members and at a nominal fee for non-members. SPRIG is also amassing articles/papers directly relating to rehabilitation and community care so as to be able to offer a data bank of information to members.

5. "To articulate the needs of the psychiatric rehabilitation service".

It is hoped that SPRIG will become a 'heard' political voice, advocating on behalf of psychiatric patients in hospital and in the community. SPRIG's Chairman (Dr Mike Dingwall) wrote to 72 Scottish Chairpersons of all political parties in October, 1987 coinciding with Mental Health Week. The purpose was to inform the Chairperson of SPRIG's existence and to elicit their support. Only 23 Chairpersons felt sufficiently interested or committed to psychiatric patients and their wellbeing to reply. SPRIG is slowly forging links of awareness with other politically active groups, the Scottish Health Council, the Scottish Home and Health Department, the Mental Welfare Commission and COSLA.

6. "To make links with appropriate organisations already working in the field of psychiatric rehabilitation and for community care".

At the inception of SPRIG it was realised that the government funded services for community care were inadequate. The first meeting saw the invaluable representation of the Scottish Association of Mental Health (SAMH) and there has since been an increase in the attendance of other voluntary organisations. There has been willingness from the voluntary sector to participate actively in the SPRIG meetings via display boards, oral presentations and an eagerness to speak informally. This has provided SPRIG members with an opportunity to make expedient connections in the community and has also provided knowledge on community housing schemes, work projects, supported accommodation and other projects that the voluntary organisations are involved in. SPRIG is particularly indebted to Jon Bailey (ex Director of SAMH) for help and advice on the wider aspects of organising a voluntary organisation.

It is encouraging to note the increasing numbers of professionals attending the SPRIG meetings, and to hear their constructive comments. There is an auspicious omen in viewing the commitment to rehabilitation evident that does not end in half-hearted promises but continues with hard work and in many cases 'out of pocket' expenses.

"When a number of individuals become a true group, the result can be unusual strength, capability and effectiveness beyond that of independent or segmented effort".[4]

If patients are to be discharged into the community without the benefit of even a brief stay in a rehabilitation unit, then rehabilitation in some form should be a reality on all psychiatric wards.

I hope that this brief introduction will encourage this readership to take a greater interest in SPRIG and its activities, perhaps even to attend a bi-annual meeting. In this event I look forward to meeting you at the autumn meetings to be held at Bangour Hospital in October 1988.

References

[1]Dingwall, J. M. (1987) Psychiatric rehabilitation: A lack of direction. *Bulletin of the Royal College of Psychiatrists*, **11**, 158–160.

[2]Watts, F. N. & Bennett, D. H. (1983) *Theory and Practice of Psychiatric Rehabilitation*. Chichester: Wiley.

[3]Harrison, P. H. (1982) *Nursing: An Essential Expression of Human Endeavour*. University of Cape Town, South Africa.

[4]Lippitt, C. L., Langseth, P. & Mossop, V. (1985) *Implementing Organisational Change*. San Francisco: Jossey-Bass.