

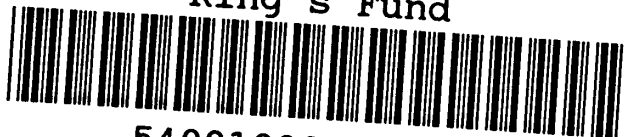
Voluntary Help
in the field of
Mental Illness

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VOLUNTARY HELP
in the field of
MENTAL ILLNESS

"Voluntary work in hospitals is not the prerogative of any one section of the community but appeals to all sorts of people regardless of age, sex, occupation or social position. . . Discipline in volunteers is not necessarily in direct proportion to age or social status. Hair and skirt length are no guide to reliability and efficiency either way"

Organisers of Voluntary Services in hospitals
by Jan Rocha. King Edward's Hospital Fund,
1968. Obtainable from The Hospital Centre
Price 57p

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tel: 01-262 2641

WHY MENTALLY ILL PEOPLE NEED VOLUNTARY HELP

By David Boorer

"No boundaries mark out mental illness from mental health. Just as most mentally ill people have periods of stability and insight, so do 'normal' people experience feelings of irrational anxiety and depression. Mental illness may begin as a distortion and exaggeration of moods and emotions which we all share. So the mentally ill are not a separate race, divorced from our world and our experience: they are 'we' and we are 'they'." *

Mental illness, by distorting what the rest of us recognise as reality, makes it hard for the mentally ill to live a normal life and even harder for people who are not mentally ill to understand what mentally ill people are suffering and to sympathise with them. Much of the modern treatment of mental illness is aimed at restoring them to normal life by exposing them to as much normality as possible. It is in this aspect of treatment that volunteers - normal people from the normal, everyday world - have a most important part to play.

Volunteers working in hospitals for the mentally ill will come into contact with three main kinds of patients; the short-stay (those acutely ill, in the first stages of their illness and likely to be in hospital only for a comparatively short time), the long-stay (those whose illness has become chronic and who may have been in hospital for years) and mentally frail old people whose failing mental powers have led to their admission. For and with them all the volunteer can do a great deal.

With all three groups of people the role of the volunteer remains essentially the same - to add a dimension of reality to the lives of the patients and, by so doing, to help them maintain, develop or strengthen their links with the community. It should go without saying that this role should be seen as complementary (not supplementary) to the work of the professional staff.

With all patients the overriding need is the maintenance of links with normality and the outside world. Many patients, mentally ill for the first time have succumbed, often after months or years of pressure, struggle and tension, to the point of breakdown and hospital admission. These people may be depressed, anxious, aggressive or apathetic but they have all, suddenly, become separated from family, home, friends and work and to them all the world has become a strange, often bizarre and frightening place. The fact

* From the MIND campaign manifesto, issued by the National Association for Mental Health

that the mental hospital may be miles from anywhere often adds a geographical isolation to this sense of personal aloneness and this, in its turn, may be exacerbated by bewilderment or a complete lack of understanding on the part of their families and friends.

Staff work hard to bridge these gaps but all that they can do is, naturally governed and controlled by the diagnosis of the case, by its psychopathology and by the clinical needs of the patient. Volunteers can enhance and support this clinical bridging action by meeting and accepting each patient as a person; not as a person suffering from a clinical condition, but as a man or woman with an interesting past, an absorbing present and a hopeful future. Volunteers should be concerned only with normality and with the person involved. Staff too, are part of the institution - it and its function form a major part of their lives. Volunteers redress the balance. They are part of the community from which the patients have come and to which they will usually return.

To the short-stay patients hospital is usually an episode, albeit a recurring one in some cases. But the community is never far away and hopes of a fairly quick return are justifiably high.

To long-stay patients, on the other hand, hospital is home; more than that, it is a way of life. It is vital, in the interests of patients and staff, that this way of life should be as normal as possible within the framework of a large institution. No institution, by its very nature, can be truly normal, but in most mental hospitals today great strides are being made in providing as many patients as possible with the basics for a normal life - with work, play, recreation and holidays in doses that coincide to some extent at least, with the pattern found in society. The aim, wherever possible, is to rehabilitate the patients into jobs and life in the community. Where this is not possible, the idea is to enable them to live as normal a life as they can inside hospital.

Great strides have been made. Hospitals now have workshops, training programmes, recreational and educational programmes, all with this end product in view. But to all these the volunteer can add something - can bring an up-to-the-minute reflection of what life is really like outside, can bring the stimulus of new ideas and provide the genuine personal friendships that the staff may not have the time nor the ability to offer. If rehabilitation is a success the volunteer can offer a bridge to the outside world and friendship and support within it. If the patient is to remain within the hospital then the volunteer is an enduring link with the world outside and a constant reminder, to the patient, of normal things.

The third group, the mentally frail old people who are to be found in increasing numbers in Britain's mental hospitals, pose rather a different problem. With them mental and physical frailty often go hand in hand and mental confusion coupled with physical disability can impose immense burdens on the nursing staff. It is in wards for mentally frail old people, almost more than any other, that volunteers can add a dimension to the lives of both patients and staff. Working for and with the nurses, guided by them, in cooperation with them, volunteers can carry out many tasks, which are not, strictly speaking, jobs which demand professional nursing skills at all. Volunteers can encourage slow eaters, help tardy dressers, spruce patients up for their visitors, assist with many routine ward chores and, because they have time, keep constantly alert to discover and re-kindle that spark of personality which survives in even the most acutely disturbed and confused old man or woman. By their very presence, volunteers can ease, enormously, the pressures on staff which are found in wards such as this.

Not all the mentally ill are to be found in large isolated mental hospitals. Since the passing of the 1959 Mental Health Act, there has been a growing emphasis upon care in the community. Local authorities have built hostels, hospitals have run boarding out scheme and there has been an overall pattern of a general reduction in the numbers of mental hospital beds.

Volunteers can be helpful in community care too. A volunteer who has met and befriended a patient in hospital can follow him into the community and support him there. For those who have been in hospital for many years and to whom the community is a strange and frightening place this is a service of great worth. Volunteers can also usefully operate together with staff in local authority hostels and half-way houses and can do a great deal to help prevent them becoming mini-institutions, as can sometimes happen. And where a patient is discharged to the care of his family a regular, unhurried visit from a volunteer can provide the kind of support impossible for hard-worked professionals to offer.

So the role of the volunteer with the mentally ill can be expressed in one word - normality. It is a role which remains constant no matter where the mentally ill may be - at home, in hostels or in hospitals. The practice may vary according to the situation, the illness, the hospital, the ward or the staff, but it is a role which is absolutely vital and one which will become much more so in the future.

In the following pages, there are listed a variety of voluntary services that are being given in psychiatric hospital or departments

Further details can be obtained from the Voluntary Service Information Officer at the Hospital Centre. It is realised that these lists are incomplete and the Voluntary Service Information Officer will be glad to have details of any other services that could be added to them

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Before introducing any form of voluntary help, there must obviously be the closest consultation and cooperation with doctors, nurses and others professionally concerned in the care of the patient, as well as with management and trade unions and with voluntary organisations already providing services

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RECREATIONAL AND GENERAL

befriending patients
building an aviary with patients
discotheque sessions
diversional therapy of all kinds, knitting, games,
gardens, painting, etc
drawing and painting demonstrations
evening classes
games in wards, eg draughts, chess, etc
games outside, eg bowls, cricket, football,
swimming, etc
giving personal services, eg beauty treatment,
hairdressing, manicures, pedicures
helping to dress and undress patients
helping with hospital fêtes
helping patients in use of launderette
inviting patients home and to social activities
outside hospitals
library trolley
play reading
poetry evenings
providing entertainment on wards
providing transport for relatives to visit patients
providing a language bank
putting patients of foreign nationality in touch with
volunteers of the same nationality or befrienders
quiz sessions
talking with patients
transport for outings

SPECIAL SKILLS

beauty therapy
bee-keeping
carpentry
child rearing
choral group
community singing
cookery
current affairs
dancing classes
educational classes
flower arranging
fishing
handicrafts
hostess service
instrument playing
keep fit
literary classes for individuals
market research
model railways
mothercraft
mountaineering
pets
photography
physical education (under supervision)
pottery
racing pigeons
religious discussion
roller skating
shorthand and typing
slide shows
stamp collecting
wine making
youth club

HELP OUTSIDE HOSPITALS

assisting staff with patients on holiday or outings

entertainment at various day centres and homes for elderly people

helping in social club for discharged patients

inviting patients home

long term volunteers living in hospital's half-way houses and providing help (eg domestic, home economics, social education, etc)

making surveys of lodgings and finding lodgings for ex-patients

providing transport for outings and bringing volunteers to the hospital

redecorating and gardening projects - either at homes of ex-patients or at group homes

talks and slides and demonstrations on: beauty treatment, road safety, home management, flower arranging, etc

transport for patients to enable them to participate in club and community activities

visiting discharged patients at request of professional staff

An illustration of voluntary help in a psychiatric hospital

"An important part of my work as a Voluntary Services Organiser has been that of helping to maintain and develop a happy close working relationship with existing voluntary organisations and to encourage increased participation in voluntary effort with us. I definitely see my role here as a co-ordinator as well as an organiser, and it entails a considerable amount of public relations work.

The League of Friends co-opted me onto their Executive Committee, and it is good to be able to report that the superb new Patients' Social Centre was opened in June, 1970. Since then the League of Friends have been active in running social events there for the patients.

The British Red Cross continue to supply us with a valuable beautician service, and other groups, such as WRVS, British Legion, St Vincent de Paul, All Saints Group with their hundred and one activities and outings for patients, the voluntary car service, and many other groups continue to give us their wholehearted support.

I should like to make particular mention of the Women's Institute who, under the auspices of their county headquarters, ran monthly meetings for staff and patients. I am happy to report that these will continue to be run by a group of Women's Institute members who have formed themselves into a small committee, on which I serve, and we have a varied programme of meetings planned for the coming year.

Individual volunteers

There are volunteers who tend not to want to belong to a specific organisation but do, nevertheless, want to help. The Voluntary Services Organiser is someone who can act as an agent for them to approach. This can be a much more individual contribution than that provided by some of the organised voluntary work organisations, because of course different organisations tend to develop a particular task or image. They have ways of dealing with this - some of them even have their own particular training schemes. The individual volunteers approaching the hospital bring with them into the situation whatever are their own individual talents and skills.

We now have something like eighty individual volunteers helping, ranging from some who come in perhaps once a week for a couple of hours to one who comes in four days every week.

I am particularly happy at the response to my appeal, taken up by the local newspaper for people to visit and befriend, and send cards to, those patients who otherwise would have nobody at all. It was not particularly overwhelming in numbers, but those



dozen or so who came forward have all visited regularly since they started. This project has indeed been most rewarding and encouraging. Sisters have found that such visitors tend to take an overall interest in the ward and patients, and have told me that the new faces and fresh interests stimulate a more lively atmosphere in the ward situation.

Voluntary help by young people

I should like to outline just a few of the many ways in which young people in the community help us.

First, a day hospital project. Last November, the Consultant Psychiatrist and Nursing Officer in charge discussed with me eight geriatric patients who attend the Day Hospital a couple of times a week, but otherwise need more support within the community. With the encouragement of the Headmistress of a local High School, the Nursing Officer and I went to address members of the Lower VIth about these eight patients, two men and six women. We were able to tell them a little about each of the patients and instead of the five or six volunteers we were expecting the response was really gratifying. We had thirty-six Lower VIth formers eager to help! What we did was to divide them up into eight groups, each with a leader, and each responsible for one of the Day Hospital patients. The leaders of each group met with staff and myself at the Day Hospital and were introduced to their own particular patient, and it is true to say that this was immediately successful. Since then each group has continued to take an active interest in their own patient. We had a group discussion between girls and staff at the Day Hospital during December, and it was clear that the girls had taken their responsibilities most seriously and were visiting both at the Day Hospital and at home. During the period of the power cuts they were active in making sure that their patients did not suffer. We are to hold the next group discussion meeting shortly, and these discussions will be on-going. May I at this stage say how much this project has been helped by the enthusiasm and support of the Consultant and Nursing Officer concerned.

While I am talking about this 'Group' of patients at the day hospital, perhaps I might also add that, with the co-operation of the organiser for the County Federation for the Elderly, we have also been able to enrol them in a really first-rate mixed club in the town, which has all sorts of facilities, including billiards for the men. It is run most enthusiastically and devotedly under the auspices of WRVS. There was quite a lot of preparation by the nursing officer and myself in the first instance, and I was there last week when some of the patients were there on their first visit. It was a real pleasure to see how well they were integrating with other club members. Sister and I are hopeful that this inclusion in a normal social club will stimulate their interest in other outside community activities.

Secondly, visiting in the community. With formers at the Grammar School have helped us by visiting in the community. In particular, we have a 'sharing' patient who is with us for one month and home for one month, and during the time she is at home she comes to the hospital as a day patient. She arrives home by ambulance at 4.00 p m and as her son does not return from work until nearly 6.00 p m she has been apt to wander out in a rather confused state. The Grammar School girls, who were approached by a community service volunteer on my behalf, now take it in turns to sit with her every afternoon from 4.00 p m until her son returns, and they make her a cup of tea and see she is comfortable.

Thirdly, youth groups. Many young people come to give service, either individually or through youth groups, and the county Association of Youth Clubs has given us a great deal of support. Young people have helped with outside projects, and also were particularly active over Christmas. I estimate that more than 100 young people visited the hospitals during this period, either to help decorate wards, visit patients or entertain with guitars and singing and with carol concerts.

I imagine we will find recruitment is helped by the introduction of young people into the wards of our hospitals, and indeed I understand this is already proving to be the case."

(The name of the hospital concerned is not mentioned, but further details can be obtained from the Voluntary Service Information Officer, the Hospital Centre, if required)