THE VALUE OF THE PSYCHOSOCIOThERAPEUTIC APPROACH IN THE TREATMENT OF LONG-TERM HOSPITALIZED PSYCHOTIC PATIENTS: A RETROSPECTIVE STUDY

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It was only thirty years ago that the importance of the therapeutic milieu was established as a remarkable insight. Progressively, the psychosocial approach to the treatment of psychotic patients and particularly schizophrenics proved to be of crucial importance and the combination of drugs and psychosocial therapy (psychotherapy and sociotherapy) stood out as the best treatment available for schizophrenia. But, most of the studies on psychosocial treatment have focussed on the patient who can be discharged eventually, as indicated by the selection of rehospitalization rate as the most common outcome variable.

Today, we know though, that all around the world there is a sizable group of chronic patients residing in state hospitals for years, who are likely never to be discharged in the community for reasons related either to their psychopathology or the adequacy of mental and social support systems in their community.

It is the purpose of this paper to investigate the importance of the psychosocial approach in the treatment of this type of patients.

MATERIAL AND METHODS

The Psychiatric Hospital of Thessaloniki, where this study was undertaken, is a large state hospital (1000 beds), which comprises six different mixed psychiatric wards or "clinics." Few years ago, a relatively new
department of psychiatry undertook the management of the male ward of one of these clinics temporarily, till the building that would house the university clinic was prepared (it took finally five years before the building was ready).

When the university staff took over the above male ward (90 beds) they found a situation analogous to the one of the other wards in the hospital (and the other state hospitals in Greece for that matter): the ward’s residents were chronic psychotic patients, mostly schizophrenics. A great number of them had been hospitalized for years, because previous attempts at rehabilitation had failed, either because of severely remitting psychosis, lack of adequate rehabilitation services or both. Treatment had been ECT, neuroleptics or both. Care was exclusively custodial, the male nurses being actually the caretakers under the doctors orders.

In the years that followed a number of changes were initiated in an attempt to provide a therapeutic milieu and a psychosocial approach to treatment: Under a primarily psychodynamic orientation selected first year psychiatric residents offered the patients supportive psychotherapy under supervision, group psychotherapy was instituted, an aftercare clinic and close contact with the families was established, occupational and recreational activities were organized and generally a therapeutic team work on the part of the therapists and therapeutic community collaboration on the part of the patients was established.

Whether or not this approach helped the psychosocial adaptation outside the hospital is something that can be surmised, but it was not investigated due to realistic and methodological difficulties. The validation, though, of this approach for the remaining, unable to be discharged, patients was extremely important to us, because these patients constituted roughly the 60-70% of the ward’s population. So, when we learned that we would move to the finished new building, we decided that we had a unique opportunity to investigate the value of our psychosocial approach for these patients in retrospect.

Under blind conditions, BPRS\textsuperscript{9}, NOSIE-30\textsuperscript{10} and CGI\textsuperscript{11} were administered to all the patients of the ward (64 patients) before our departure was announced to them. Approximately three months later we moved to the new clinic. Due to the preplanned orientation of the new clinic towards short hospitalization, we had to leave