The Day Care Center: A New Dimension of Treatment in a Mental Hygiene Clinic

The introduction of a treatment modality which emphasizes the principles of the therapeutic community has had a profound effect on the traditional practices and future perspectives of mental hygiene clinics of which a day treatment center is an integral part. The therapeutic milieu concept employed in these clinics is a logical step in the progression of treatment methods. Its advancement may be compared with an earlier development—the establishment of the outpatient clinic as an independent entity, serving the community, rather than the hospital.

The Veterans Administration Mental Hygiene Clinics may be regarded as typical of this design. These clinics are required by law to limit their services to veterans and their families. Hence, there are restrictions with respect to the community as a whole. Nevertheless, the fact that veterans are integrated into the community validates the concept of the Veterans Administration Clinic as a community focused agency. At this stage of growth in the national network of 60 or so V.A. Mental Hygiene Clinics, after six years of development, 25 have Day Treatment Centers coordinated with their total programs, and are considered as one modality in the spectrum of therapy.

The observation has been made of the growing tendency to set up independent therapeutic milieu institutions as ends in themselves with no coherence to hospital or clinic. One may speculate that such criticism reflects the concern, that without linkage to traditional models of psychiatric practice, a loss will be incurred in providing a disciplined and appropriate service to the patient. Dr. Joshua Bierer, during a panel discussion at the Third World Congress of Psychiatry in Montreal in 1961, also expressed concern about those proponents in social psychiatry which, “could put the mental hospitals largely out of business with a type of comprehensive day hospital.” Perhaps there is a legitimate need for both types of institutions, i.e., one that is integrated into the hospital or clinic, and the so-called independent entity. In the long run, it is rather the needs of patients and the acceptance by the public of community mental health concepts that are the final determinants.

The Brooklyn V.A. Mental Hygiene Clinic views its day care operation as an integral part of its organization structure and treatment program. It is considered as another modality to be prescribed in a manner that is consistent with patients’ requirements and therapeutic perspectives. The interdisciplinary team is the counterpart of those functioning in the other sections of the clinic. However, there are obvious differences in the manner of carrying out professional responsibilities characterized by the staff’s pervasive involvement with patients and with each other in the open milieu.

The Day Treatment Center in Brooklyn is regarded as a pilot program for centers of similar pattern in the Veterans Administration. The Center stemmed from the long felt and long observed needs of the typical and large group of veterans attending the
Mental Hygiene Clinic, who were not responsive to traditional and conventional clinical treatment procedures, usually individual or group psychotherapy. These are the so-called "dispensary," type patients; the chronic ambulatory schizophrenics, somatically fixed, unemployed, or marginally employed, and with vague or nonexistent family ties. An equally significant and major group for whom provision needed to be made was the trial visit or aftercare category, the acutely ill in a fair degree of remission, for whom an experience in a therapeutic milieu was seen as a conditioning one in helping to bridge the transition between hospital and community living. Still a third group are those patients incurring overt symptoms, whose hospitalization might be forestalled by exposure to the therapeutic community.

What is the rationale of day center therapy? The difficulties of most of the patients may be characterized by the triad of emotional shifting, ideational distortion and behavior bizarreness in various degrees and combinations. They have had years of conventional, intensive and extensive treatment, from regularly spaced individual or group psychotherapy sessions, to infrequent, dispensary type of therapy, with drugs as the main support. For many, every new hospitalization means a new scar and regression to a lower level of existence and adjustment. The day center attempts to offer these patients all day exposure to multiple therapeutic influences of the milieu as well as to the community which reaches into the day center through a volunteer program and community activities. In general, the therapy serves a twofold purpose: (a) to keep the chronic schizophrenic on a level of living, feeling and functioning, bearable to himself and acceptable to others, and (b) to prevent possibly acute flare-ups, leading to hospitalization.

The day center offers the patients a steady environment of purposeful relations, a battleground for continuous struggle with their engulfing anxiety, loneliness, insecurity and self-consciousness. The self-realization of patients that they themselves are contributing to this group effort, is an important therapeutic factor.

The physical setting, geographically adjacent to the Mental Hygiene Clinic, consists of what in a home would be considered a living room, a workshop (with occupational and manual arts, therapeutic equipment and materials), a recreation area with billiard table, shuffle board, and table tennis, library, music room, dining room, and kitchen, all furnished in an informal home like manner, dissimilar from an institutional atmosphere. There are prints, colorful wall hangings, travel posters, periodicals, musical instruments, radios, a phonograph, a television set, and a coffee and snack bar. Housekeeping and food preparation are, for the most part, handled by patient committees through the patient government organization with the assistance of staff and volunteers.

The staff offices with open doors, semi-partitioned, are strategically located in the center or hub of the area, situated with a ready accessibility to patients. There are also rooms for individual interviews and group discussions where patients and relatives may be seen in a more formal and confidential setting as requirements dictate. Yet, experience has proven that best results are achieved by stressing the informal, and frequently a casual (though studied and disciplined) approach to patients through a pervasive involvement of staff, and by using the equipment, materials, furnishings, activities, and programs as devices of therapy. The interaction of patients, staff and volunteers is therefore in the open and observable.

The staff consists of a clinical team, analogous to its counterparts in the Mental Hygiene Clinic, with some modifications. A psychiatrist with the overall responsibility for the medical program, clinical psychologist, and clinical social worker. In addition there are an occupational-recreational therapist, a vocational counseling psychologist offering part-time services, and student trainees in social work and psychology. There are nine regularly scheduled volunteers and a varied number of groups of community and service organiza-