THERAPEUTIC RATIONALE OF A PSYCHIATRIC DAY CENTER*  
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One of the most significant postwar innovations in psychiatric treatment has been the introduction and development of day treatment facilities. Craft has reviewed the development of psychiatric day hospitals, noting the work of Cameron in Canada, Bierer in England and Dzhagarova in the Soviet Union, and comparing admission statistics among the day hospitals in Moscow, Topeka, Bristol, Marlborough, Maudsley, and Nigeria. In 1958, the American Psychiatric Association sponsored a day hospital conference at which similar projects in this country were discussed.

Craft defines the day hospital as a hospital “where full hospital treatment is given under medical supervision to patients who return to their homes each night.” A parallel development to the day hospital is exemplified in this country by such an institution as Fountain House, which provides social and recreational experiences for post-hospital patients who have been returned to the community. Another innovation is that of the day center associated with an out-patient clinic. Day centers are now opening in a number of Veteran Administration clinics throughout the country. The aim of the day center is to provide an intensive and extensive psychotherapeutic experience for marginally adjusted ambulatory schizophrenics. The patients spend the major part of each day at the day center, rather than being limited to the conventional periodic therapy hour. The center is designed to serve as a transitional phase in the rehabilitation of patients discharged from hospitals, as a preventive setting to forestall hospitalization, and as a means of improving the level of adjustment of chronic patients for whom hospitalization is not an imminent issue. It does not propose to duplicate the type of treatment offered either in full-time or day hospitals, but rather to provide an out-patient approach on an almost exclusively psychotherapeutic level.

The purpose of this paper is to discuss the therapeutic rationale of such an effort. First, however, it will be necessary to describe briefly the setting and program of an out-patient day center for psychiatric patients. The Day Center of the Veterans Administration Outpatient Clinic, Brooklyn, was established in November.

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1958 for the express purpose of augmenting the traditional psychiatric treatment facilities existing in a large urban out-patient clinic. It was organized to meet the specific needs of an increasing number of marginally adjusted ambulatory schizophrenics who were not responding adequately to conventional therapeutic approaches. The day center is an integral part of the psychiatry and neurology service and is physically located adjacent to the mental hygiene clinic. It is divided into a workshop, recreational area, lounge area, lunchroom, library, and office. Facilities are available for a variety of activities which can be classified into such categories as active or passive, expressive or receptive, repetitive or variable, structured or nonstructured, social or solitary, motor or cognitive, competitive or noncompetitive, skilled or unskilled. There are no large, dangerous, or noisy power tools or equipment in the workshop. An assortment of crafts, such as woodwork, leather tooling, copper enameling, ceramics, drawing, painting, lettering, clay modeling, model making, as well as typing and other clerical activities, are represented. In the recreational area, there are facilities for pool, shuffleboard, and a variety of table games. Musical equipment includes a piano, hi-fi set, radio, tape recorder, and assorted percussion and rhythm instruments. The lounge is tastefully and comfortably furnished. The setting has been compared by patients to a home, with all facilities except bedrooms provided.

Staff offices are located in the center of these areas so that professional personnel can be in constant contact with the patient group. The staff consists of a psychiatrist, clinical psychologist, social worker, occupational therapist, trainees in clinical psychology, counseling psychology and social work, and a secretary-receptionist. A group of around 50 or 60 patients is active in the day center, coming from one to five days a week. The average daily census is from 20 to 25. This makes for a very favorable patient-staff ratio. Since the day center is neither a custodial unit nor a social club, the continual active participation of the professional team is central to the entire project. Although each member contributes his own specialized skills to the team effort, the shared primary mission is to develop and sustain the therapeutic milieu. To achieve this end, the staff mingle constantly with the patients and interacts with them throughout the day.