Contemporary Themes

Day Hospitals and Centres for Disturbed Children in the London Area

A. BENTOVIM, R. LANSDOWN

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Several hospitals and child guidance units in the London area have recently found it necessary to extend the educational facilities for disturbed children, and have established day centres or day hospitals, where psychiatric care can be given to children and their families for several hours daily.

At a day-conference organized recently by the National Association of Mental Health at the Hospital Centre, London, members of the seven units in the London area took part in a discussion on their common and individual problems. The following arises out of the contributions to this conference.

Pre-school Children

Units were created for both clinical and experimental reasons. Pre-school children with problem behaviour have always been seen more often by psychiatrists working in paediatric departments than by those in educationally-based child guidance clinics. So it was obviously necessary to set up hospital-based units to assess and deal with children and families in difficulty.

One experimental unit was set up in a particularly high risk London borough to find a way to meet the needs of pre-school children.[1] The unit was a support for the social services department as it helped to prevent children being taken into care, because their parents could not cope with them. Another unit was established partly to provide facilities for the children of disturbed parents attending an adult day hospital, and partly to provide specialized treatment facilities for psychotic children.

The units differ widely from each other in the way that they each see and deal with the problems.

Great Ormond Street Unit

The Great Ormond Street unit was purpose-built and designed within the hospital, and is an integral part of the department of psychological medicine. From the beginning it was decided that the problems of children under 5 years of age and their parents were so interlocked that they should be treated together in play-groups or nursery groups. The parents of children of 9 months and older were expected to be present for much of the time. To help create a therapeutic environment staff were called social workers and employed in that capacity, rather than nurses, to give them equal status with the rest of the psychiatric team.

Of the 150 cases that attended during the first three years of operation 5% were infant problems: feeding difficulties, failure to thrive, battering or pre-battering; 30% were autistic or retarded children reflecting the large number seen in paediatric departments; 40% had emotional problems (they were clinging, anxious, whining, and miserable); or problems of management (defiance, irritability, temper outbursts, hyperkinesis); and the other 25% showed developmental problems (feeding difficulties, failure to develop sphincter control, or speech and language difficulties).

Parents are invited to attend on one or two days weekly from 10 a.m. to 3.30 p.m. and each day between 12 and 15 children arrive with a parent—usually mothers—and are individually assigned to the five or six workers who work with them. Up to 50 children and parents attend in any one week, coming from all over the Greater London area and even from the Home Counties, using hospital transport where necessary. Days are planned on a nursery-school model of play and activity and parents are expected to participate. After observing the child's behaviour and the relationship between mother and child, the workers aim to help contain and modify difficult behaviour while not taking over the mother's role, and to help her to relate to her child while sharing the burden of his care. Disturbances found in different families range from understandable responses to a handicapped child, rigidity in child rearing, rejection, battering, and deprivation. One or both parents are invited to regular weekly casework sessions with a psychiatric social worker, and every day there is a mothers' group run on group therapy lines. In individual sessions personal and family problems can be looked at and helped, while in the groups shared problems can be discussed. Parents can face up to feelings about their own and other children's similar problems, and talk about them with freedom that would be impossible outside the framework of the unit.

A psychiatrist, psychiatric social workers, psychologists, and a psychotherapist work with the day centre, and a variety of individual treatments, such as psychotherapy and behaviour modification, can be provided. Several children stay for brief periods of observation, while others stay for between one and two years.

St. Thomas's Day Hospital

St. Thomas's Day Hospital is in what was an old children's nursery and nursery nurse training establishment, some minutes' walk from the main hospital. The nooks and crannies of this old building provide space for improvization, and there is a garden and a bedroom for exhausted mothers. The staff of the pre-school unit are basically staff nurses and nursery nurses and in addition there are specialist workers who attend for sessions

Department of Psychological Medicine, The Hospital for Sick Children, London
A. BENTOVIM, M.R.C.PSYCH., D.P.M., Physician
R. LANSDOWN, M.A., Psychologist

of eurhythmical work, music therapy, and speech therapy. In comparison with the Great Ormond Street unit more children attend each day—about 20—with a smaller proportion of autistic or brain damaged children, and each worker has more cases assigned to her.

The philosophy of treatment is based on Steiner's educational ideas, children being encouraged to play with and imitate a healthy adult. This unit tends to operate more like a nursery school with staff and children as one group, and the mothers participating when they are well enough to do so.

About 70% of the mothers are themselves psychiatrically ill and are treated individually by an adult psychiatrist who holds a weekly session. Because most of the parents are too ill for casework group therapy the staff at St. Thomas's offer instruction and support in child care, and the chance to learn home-making crafts such as sewing and cooking. They are also encouraged to help the domestic staff in preparing the food for the unit. The sister of the unit meets regularly in a group with the mothers, but their contact with social workers is in individual appointments. Group work with the children is based on artistic media and directed towards giving healthy and gratifying sensory experiences, which are fundamental in building communication skills. Regular conferences discuss individual children's needs, and those of their families.

London Hospital Unit

The Great Ormond Street and St. Thomas's units are fully part of the hospital, take cases from long distances and use hospital facilities including transport. The unit associated with the London Hospital,[3] however, is not only physically separated from the hospital, but is part of the medical college rather than the hospital. The centre is in the basement of a local settlement, and parents and children who attend have to be within pram-pushing distance. Five to six families attend on three days a week and many show evidence of deprivation and parental failure. They attend for between nine and 15 months and become very dependent on the unit during this time. The staff consists of a teacher, a social worker, and a nurse, whose respective basic roles are to deal with the children, to see the parents in a group, and to act as a "go-between." Nevertheless, they all see their roles as partly interchangeable.

The Great Ormond Street and St. Thomas's units also provide facilities for several school age children, but there are day centres specifically for the older age-group.

Child Guidance Training Centre

The Child Guidance Training Centre has established the largest day centre in the London area for older children. It was set up in 1968 in a large house 10 minutes' walk from the main clinic, with the following aims:

(1) To provide facilities for extended observation and diagnosis of disturbed children (particularly younger ones) for whom suitable placement has not been decided.

(2) To enable children who are too disturbed for a special school to be treated and helped to bridge the gap back to an educational setting, and to decide which sector is most suitable for them.

(3) To help cope with crises in children and families for which the special educational system is too slow and too inflexible. School phobia is a particularly important problem that the centre deals with.

(4) To help children with specific learning difficulties and those who cannot communicate, and to treat some who have autistic syndromes.

(5) To enable children who have failed in full-time schooling to continue part-time with the therapeutic and educational help of part-time attendance at the unit.

To meet these aims appropriately for children of this age, specially trained teachers conduct the main group therapy sessions and many of the children also have individual psychotherapy. There are three main groups—4 to 7-year-olds, 7 to 14-year-olds, and 10 to 14-year-olds—each with a teacher and a nursery nurse as an "extension" of the teacher. The teachers are "in charge" of the day to day running of this unit, rather than nurses or social workers as is the case in pre-school units.

Groups are much smaller than in an equivalent special school, with about 20 children attending daily. Younger children often need a period of primary "nurturing" care to make up for previous deprivation, before educational and more formal therapeutic work is possible.

A psychiatric social worker sees parents regularly but quite separately from the children's group, and the children are educated and treated in their own right, rather than as part of the family which seems to be the practice with younger children. Because of the emphasis on teachers' roles the unit tends to work in school terms.

All children are referred from psychiatrists and each child has a careful diagnostic evaluation before he or she is admitted to the unit. There are regular conferences to review progress and decide on the child's programme to maintain the "therapeutic milieu." Families see the "treatment" role in this centre as more important than the "educational" role.

Problems associated with Day Centres

PARENTS

The incidence of disturbance in parents of pre-school children is high. Many of the parents have depressive reactions and in the Great Ormond Street unit at least 80% of the parents were either ill themselves, or showed evidence of deprivation and active failure of love and care within the family, or they had other points of failure—for example, restrictiveness or punitiveness in their relationships with their children, over-involvement, anxiety, and protectiveness. The result of this was that parents' problems often dominated the atmosphere of the units. In some units this was dealt with by keeping the parents separate from the children's groups for a time. Other units tried to provide intensive casework and groupwork to keep such behaviour within reasonable limits. The parents' feelings were often intense, their anger considerable, and painful feelings were very much in evidence in the group. This may lead to the danger of people "dropping out" or of difficult confrontations with staff and other parents. Only some disturbance can be tolerated, and it is often difficult to decide whether the key patient is the child or the parent. It would seem an advantage to have facilities for both adults and children available in one centre, as in the case in adult day hospitals, where they have units for children.

The day centre for older children can bypass this problem by having a "school" model which keeps parents appropriately at the boundary rather than as an integral part of the problem and its solution. There is the advantage of having one less factor to control, but the disadvantage of losing the participation of the whole family. Units have been trying to find ways to deal with this problem by "open days" and "parent-staff" meetings.

CHILDREN

Where parents and group methods dominate, children's individual needs may be neglected and more individual therapy may be needed for certain cases than is available. Children with communication problems may find groups of other children, parents, and staff over-stimulating. Nevertheless, day centres can be organized to give particular children individual sessions either with their workers or with other professionals. Some units try to provide one worker for each child, using volunteers when necessary.

Among older children there can be problems with small groups, since the way these operate can lead to powerful rivalry between children for the attention of the teachers. Paradoxically this is less so in larger groups where the teacher-pupil relationship can be maintained with less contamination from distorted transferred parent relationships. The groups of children need to be carefully structured. Too many aggressive children can affect the therapeutic atmosphere as can too many withdrawn or passive children, and an even balance between boys and girls can also help.

STAFF

Up till now child psychiatric professionals tend to fall into the group of what Kushlik[4] has described as "hit and run workers," in the sense that though they may see parents and children regularly it is only for limited periods. They are now facing the impact of severely disturbed children and parents for several hours at a time—with no escape. The responses of "despair, inadequacy, terror, and rage" may occur in these situations. It is important that staff conferences are focused not only on the child and parent but also on the feelings and problems that the staff are experiencing in relation to their work. If this is neglected then staff leave, which has repercussions on the parents and children they have been getting to know. In an open informal setting there is the problem of distance and closeness with patients and the question of whether surnames or christian names should be used. Parents and children also have the problem of relating to different sets of workers.

When workers with different backgrounds—teaching, social work, nursing—work together with a blurring of role definitions, problems arise about feelings of loss of professional identity. Staff are anxious that background skills in social work, teaching, or nursing may be lost. With discussion and conferences, however, these skills can reassert themselves. Workers attached to day centres who see the children and parents individually—whether they are psychiatric social workers holding individual interviews psychologists carrying out behaviour modification or psychotherapists using insightgiving techniques—have a clearly defined task: they are using familiar well-formulated techniques. Staff working with children and parents in groups, on the other hand, feel vulnerable, since the work is less clearly demarcated and they are being observed and scrutinized for hours at a time. Competitiveness and tensions may occur among each other and with parents.

The role of the psychiatrist working in such units is to create a therapeutic community where an understanding can be reached of the families' problems through the involvement of parents, children, and staff in groups.

PHILOSOPHY OF UNITS

There is a danger that with the emergence of a powerful philosophy of work in a particular unit, a stereotyped response could be made towards patients needing help. There needs to be a continual feedback between the units and the people who originally referred the children—heads of nursery schools, social services departments, schools— so that existing problems can be met, and to avoid looking for children and parents that fit in with prior expectations. There will be a problem of how these day units are to relate to the regional assessment services being set up, and to social services departments. How are such units going to respond to the projected growth of nursery education? Should they orientate themselves towards the community, paediatric clinics and hospitals, child guidance clinics, or the special education system? Should there be many more centres specializing in the needs of disturbed pre-school children and their parents? The actual extent of the problem will be unknown until the results of epidemiological studies on the incidence of disturbance in pre-school children are published.

Conclusion

Many questions remain unanswered about units for disturbed children but clearly the "day centre model" can provide a flexible framework for the provision of long periods of face-to-face treatment for reasonably large groups of children, while economizing on the time of highly skilled psychiatric staff. The units can cope with and treat the different age and diagnostic groups, and the varying degrees of parental pathology, but several general problems for children, parents, and staff in such units need constant discussion and attention if a therapeutic community is to be maintained.

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References

[1] Kushlik, A., *British Journal of Psychiatry*, Suppl. 'News and Notes', Dec. 1972, p. 3.
[2] Bentovim, A., Disturbed and under 5—*Special Education*, 1973, **62**, 31.
[3] Frommer, E., A Day Hospital for disturbed Children under Five, *Lancet*, 1967, **1**, 377.
[4] Coleman, J., and Lindsay-German, J., Oxford House Day Unit, *British Hospital Journal and Social Services Review*, 1971, **81**, 714.