

## *Original Paper*

# Confinement and Activities

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Received: February 28, 2022

Accepted: March 14, 2022

Online Published: August 22, 2022

doi:10.22158/jpbr.v4n3p22

URL: <http://dx.doi.org/10.22158/jpbr.v4n3p22>

### **Abstract**

*At one time short stay mental health wards had no activities on offer except for watching the television. Patients often complained of boredom. Now in nice new modern building there are new things to do which previously were only available at day centres. It is being released this can keep patients busy and that people find these distractions therapeutic. This article addresses the question whether patients still feel locked up on mental health wards given that there is more to do? It examines various possible outcomes in this respect based on my own experiences but does not determine which experience has been most significant.*

### **Keywords**

*mental hospital, confinement, activities*

### **Introduction**

The key question is that do the new activities mean you are not so bored that they could cure the feelings of being locked up? These can distract you with keeping busy but it doesn't change that the hospital environment which still feels like living in an institution? Even with the new modern architectural surroundings does it still has the feel of a hospital? You can put up with this for a while but not forever and after a while will the feelings of being in hospital outweigh the activities which may distract you?

Other related questions concern whether during the time admitted how far you can put up with it? Then on a scale of one to ten how restrictive is it: from being slightly restrictive to more like a prison? Then how long does it take for the feelings of confinement get to be too restrictive? It not may not feel exactly like prison does it still have a strong feeling of confinement? Yet if we accept the need for treatment and admit ourselves voluntarily can we put up with the confines as we are getting medical help? Again, this seems to depend on how long we are admitted for.

## Methodology

This is a personal account of being under section in a modern mental health hospital. It is solely based on my own experiences and so does not make references to academic procedure. It does not aim to quantify these questions with empirical research but rather to explain how different considerations might affect the feelings of confinement. The account does not conclude with whether the feelings of confinement can be prevented or not but aims only to relate what might affect these outcomes.

## My Story

At first the fact of being in hospital will feel strange but as we get more familiar with being in there the more we will become aware that there are things to do and people to talk to. The place might initially feel like an institution so we have to get more used to it. The problem is that we cannot be active all the time so the social side becomes very important. Where socialising is not possible the feelings of boredom will recur and then we will start to notice the confinement.

At first, I don't know if we are mindful of the hospital environment and it may take time to get tuned into it. I think it takes time to get used to the hospital surroundings but after a while we settle down to being in there. On first diagnosis the new environment can be bewildering and provides no reference point on reality in contrast to the feelings of familiarity generated by being at home.

In my case I have had several lengthy admissions. During one I felt the time I spent in there was more doable even though I was in there for a year while the other two admissions which were for six and three months felt more restrictive as there was no way for passing the time. What made the difference was the level of social contact and activities on offer so that in one case the time seemed to fly by while in the other place it seemed to drag for ages. This article will detail how the two experiences worked and differed.

Sometimes people feel too drugged to be active and so there is no answer to the restrictions. We might still be aware of the hospital environment but getting an interest is something or even watching television might be difficult. It may be better to take all of our tablets on a night so we can sleep off the sedative. Having an afternoon dose may well mean we have to go back to bed for a couple of hours which may prevent us leaving the hospital or having visitors at these times which is necessary for therapy.

The more we respond to the medication the more we become aware of the activities on offer and we may feel like socialising more. This can work two ways in that either we might put up with the restrictions because we know we will be discharged or that there may still be too a growing feeling of being locked up even so. The feeling of waiting to be released can still be confining but as we improve under treatment and get more freedom as by enjoying going to day centres or town centres more this might be eased too.

If we are caught up with the symptoms of schizophrenia are we still aware of the restrictions? The illness can make us feel isolated and withdrawn both of which can cut off social contact. The paranoia might mean we cannot interact with people. We may also be caught up with being delusional which can dominate all our thinking so again there is no social contact. Yet it is also possible to be aware of our surroundings when acutely ill as we can be distracted, have insight or phases of normality in between episodes. Then being on a ward might still generate the feelings of confinement.

With a mental illness and the restrictions of being in hospital there is still something to get up in the morning for and with a social group around you there is some motivation for this. We can then begin to appreciate the ward and become more active. After a while this initial impetus to get up will wear off and we need to get off the ward and do something to occupy the mind. This can be more difficult if we are under section of the Mental Health Act but a number of possibilities are evident.

Hospitals tend to be in their own little world and cut off from the outside society which is one way they can feel confining. We can watch the world on television which will remind us how cut off from it we are and that we are not living normal lives being on a ward. We need to get out and about doing things the way everybody else does and enjoy life a bit more in the ways other people do and this can be done so far but not completely.

We may get sick of the hospital ward and grounds, but it is possible to go into the city centre and have some coffee or look around the shops. It might be possible perhaps to visit the coast. In Durham there is a Cathedral to visit and a lovely river walk. This is very relaxing and can be done on an afternoon, after sleeping off the sedative. This can be further complimented by going out with another patient which can make it more sociable as so you can have a chat at the same time as having the change of scenery.

On an evening we may watch a movie provided we are back on the ward in time. It may be possible to visit a restaurant and have different food to what is on the ward. Again, this can fill an evening in and give us more choice than simply watching a television. Going to buy a music CD or DVD means you take this back to watch or listen to on the ward which this can be done on a portable disc player. In the day room watching the television tends to dominate other media like music or movies so this allows for some variety.

All of this depends on how much it might cost and during a lengthy hospital stay this eventually some of this might be less and less possible. Then other things like family visits and going walking for exercise will take on more importance. All the same if the food is good and there are people to talk too this eventuality could be eased though after a long time on a ward the feeling of being restricted may return. Thankfully longer admissions are rarer these days.

It may also be possible to go home which is better than being on a ward so in contrast to hospital we can be somewhere we belong. Going home can feel like a more familiar place to be and will restore some of the family feel you need to have when on the ward. I have found this to be very relaxing and

can identify more with being there than when on a ward. Going home and being able to be in the place I grew up brought back good memories of life before the illness.

Your life with the illness can seem to abandon hope that life will never get back to normal so doing a few activities isn't going to change this. This is particularly true where we have lost friends and family through stigma and without them our stay in hospital will be much less bearable. The family atmosphere needs input from friends and family before it will work and the therapy with the illness on the ward will not cheer us up much. Anti-depressants are needed to avoid suicidal feelings with the illness.

Something else that might stimulate us to being more active is that we are able to share our experiences first hand with other patients and this can be quite soothing and cheer us up. Once we feel a bit better for all of this, the more chance we might feel motivated to do the activities, which again will improve things. This can be done at day centres as well as hospital wards and provides something of common interest to talk about.

Once we have broken the ice in this way it is possible to talk about other things in life such as what experiences good and bad that we have had what we have learned in life and the views of different subjects and so on. Again, this can complement getting involved with social media and the more interest we take in life the more we will feel like become a part of it again and from there we can pick up on new or old hobbies and interests.

Much of the time on the ward means watching the television so does it always provide therapy and distraction? If, at first, you cannot concentrate on the screen you can learn to concentrate as by doing therapeutic activities. This works by being more distracting and will mean doing something more interactive. From there you can start to interact with the television which is a window on the world and relate to the characters which like interacting with normal people might make you feel part of society again.

Watching programmes like soap operas can help the process of getting more part of the society again as they are about ordinary life and portray positive things like friendships, partners and interesting things going on. This can then also trigger a positive reaction to learning the good feelings that friends and family can bring about. We may begin to be a lot happier with life especially as it is the emotional side including love and caring which are the most profound and effective ways in dealing with the illness.

Being sociable is vital to being discharged and provides an excellent platform for going into the world of sheltered accommodation and day centres where therapeutic contact can keep you from being readmitted to hospital again. We may take an interest in people and in particular meeting new people which is possible in hospital. This will continue into secondary care. Again, this can make a hospital stay more enjoyable but it is still important to get out of the place if you can.

However, if you cannot concentrate on the activities will there be no distractions? We may be caught up with what we are hearing we cannot concentrate so do we still feel confined? It is possible that

listening to a Walkman can distract us from the voice and it is possible conversation can do the same. Social contact is not always available even with the nurses so having a Walkman in hospital could be very important. Watching television also involves audio which might refocus us away from the voices. So, hearing voices and delusional idea can disrupt concentration but from here being distracted can make us feel more motivated to engage us socially and bring us back to living life again. This can then occur the other way around as watching television helps with taking an interest in life again. It will prepare us for discharge where we can feel part of society and help with being a part of it when enjoying work related educational activities outside. From there we can engage with one-to-one activities which is more interactive.

With being distracted it is important to exercise the mind in hospital and there are a number of possibilities which can help with this. First, I think reading something intellectual like a national newspaper can make the brain work and stops you vegetating in front of the television. Day centres can provide some academic courses up to a certain level and I found playing chess against other patients or against the computer very useful too.

We also need some physical exercise when in hospital and it is amazing how quickly you get out of shape. After six months sat in a dayroom, I could not walk up the hospital bank. Here again day centres run some academic courses and provide supervised walking trips which can keep you in shape. These are not all the time however so some exercise on your own is necessary especially as we need to clock up the required ten thousand steps every day. You need to find walks to do accessible from being in hospital.

Sometimes being in hospital means you are not allowed out as when under section or observation. This means being confined to staying on a ward for lengthy periods. Being confined in your own home and not getting out would be bad enough but being in an institutional environment like a hospital only makes this worse. Sometimes these therapies are not always available then the need to get out is much greater and you may have to wait until this is allowed.

The upshot of this is that despite being active much pressure is still felt when being on the ward? The activity can only last so long and that leaves much of the day with little else to do and this can cause more pressure. Talking to your allotted nurse is possible some of the time but like the activities on offer this was also limited. There needs to be a way of dealing with this problem when it occurs as there is nothing to else to do. As all the patients are in the same boat with this but solutions to it are possible.

One hospital I was in had long stay patients and there had to be activities put on for them which is now more the model for all primary care. The problem was that short stay wards did not go far enough in this direction. Winterton had tea rooms off the ward and our new hospitals have café facilities. This is not a complete answer is that the prices involved for tea coffee and food are very expensive so sitting in the hospital entrance can only be done for so long which from a social point of view makes it very limited.

Other differences involved evening entertainment which included singers on stage, watching a movie on a big screen, general knowledge quizzes and games of bingo. In the case of our local hospital in Durham some of this is provided at a day centre once a week so assuming you can be allowed out at this time in the evening this will take up some of the slack and get you off the ward a bit more. It is like having a night out on the time (without the alcohol) and gives you a chance to let your hair down.

Being off the ward so much meant there was always something to do which made the stay in hospital more congenial. To was possible not to feel locked up by getting out more. I began to feel a bit more alive and started to feel more talkative and that allowed for some social contact and the place began to have a more friendly feel. Making friends takes some time but you can get engrossed in the keeping busy long enough for this to happen.

That meant I was distracted for nearly all of the day and I started enjoying the confines as the activities took my mind off the pressure for a long while. It all felt like having a few friends round at home for a coffee morning or going on a holiday and staying in a hotel together. As with going on holiday you can only be away so long then you start to feel home sick. That means while going somewhere else maybe a nice place to visit but we wouldn't want to live there.

The problem is again that as with talking with the nurses what can ease the pressure when there are no patients to talk to? The answer to this may be getting to a day centre might provide the opportunity to talk and has more activities on offer than the hospital. A day centre usually has a well-established group of service users which you can again become a part of an entry to this group is facilitated by staff who can help you with becoming a part of things.

What transpires is that you get introduced into the mental health system and that by coming to be part of a group of patients who can also help each other by empathising emotionally with compassionate conversation which each other. This means building some resilience to the symptoms which depending on how long it takes means instead of feeling more confined can prepare us for discharge

Another question is that being sat around in hospital doing a few activities is not going to be as meaningful as leading a normal life which can mean getting a job and fulfilling our responsibilities to society. The answer to this is that you just have to come to terms with the fact you have an illness but without work which is the best form of distraction you may feel you are missing out on life. Again the mental health system tries to address these problems but without work and other things you want the boredom can be suicidal.

In my case the psychiatrist became acutely aware of these problems as there was nothing to get up in the morning for and wanted me to try and find some employment. Even when under section the doctor wanted me to do an Information Technology course at a local Further Education College to try and get me interested in life again. Then I had something more to do when incarcerated and to look forward to something meaningful to do on being discharged. Again, this helped me pass the time and to put up with being sectioned.

If everyone is watching television, there is less chance for social contact as people will not want to be distracted from enjoying what they are watching. Some people will be engrossed by the entertainment while others will be drugged or getting symptoms so a certain amount of socialising may be more difficult. It is here that contact with the nurses becomes needed but again they are often too busy for this.

Things were eased by sitting in the day room listening to a Walkman while everyone was watching a television. It was also nice to have a cup of coffee in the lovely atmosphere. The music was soothing and added to the family atmosphere the ward provided and meant I wasn't left to be on my own at these times.

The choice of what to watch on the television wasn't often really my taste and there were no movies to see. That again meant watching movies on my portable DVD player. When paranoid about the television I had to do this away from the day room and spend a lot of time in my bedroom away from the other people. Sometimes I needed to be on my own so avoiding the television room was actually very useful at certain points.

I also had my mobile phone for using the internet so with a lack of social contact on the ward I could still chat to my online friends. This again is something that could be done in the dayroom, but I had to be careful with this too as to not clock up a big phone bill. It is better for a hospital to have a Wi-Fi service as I spent a lot of time on the internet and this helped fill in the time in there a lot more.

After having time off the ward when I came back I began to feel the pressure again. Sometimes it may be having a few activities isn't going to be enough? I ended up sitting around the ward waiting to taking my tablets to get to sleep to avoid these feelings. There were a few hours in the evening with nothing to do until I could get out on leave again. Getting out provided a break from the pressure of being on a ward but that still left a lot of time to fill in.

After the activities does the boredom return? There is only a certain amount of concentration possible for the activities and after that we are left to watch the television again. This may mean we might need some social contact again but we cannot be off the ward all the time. It is possible that the feelings of confinement will return at this point though there are other things that might fill the gap such as going to a day centre.

It may also be that we are too ill to be active? If we are ill most of the time the chances of being distracted by therapeutic activities are going to be greatly reduced and we may be too ill to concentrate. The only answer maybe to calm down through some Valium while sleeping properly on tablets is also important. Otherwise calming down with schizophrenia may be difficult where the symptoms are severe.

There may be more opportunity for being active when the feelings of fear wear off. At these times when we are more relaxed we can make the best of life when we are on a ward. There will be more opportunity to participate in doing things that might take our minds off the illness. Also, if there is

insight, we may know that symptoms will pass and things will get better again. Yet if we are feeling frightened about the next episode do we still have the time for being distracted?

Other solutions here are possible through social contact. It might be needed to intervene and step in to stop us being so wrapped up in our problems and to bring us out of ourselves. We can then use activities to motivate us enough and this may be a platform for further social contact. The problem is that this could take a lot of time and the nurses maybe too busy. Some intensive therapy might be needed before we can be more active.

If we are allowed out on leave, will it stop the feelings of confinement? We can go shopping and eat out and this has the same good feeling of getting out of the house. Getting out and about can be very stimulating compared to being stuck indoors all day and taking a trip somewhere can be very therapeutic since as I have heard it said a change is as good as a rest. I was able to visit the coast under my family's supervision and having a mini holiday away from the hospital became very important.

Here it could be when we start to have frequent visits out to attractive parts of the local area or coastline then going back to the hospital might feel a little more like staying in a hotel when on holiday. When out there is an opportunity to pamper yourself and enjoy things in life and you should be able to relax and enjoy good food and conversation which should add to the experience. These feelings will again become get less effective the longer we stay in hospital and will eventually wear off.

Towards the end of my long stay in hospital I was allowed out for overnight periods where I could go home or stay at my parents and again this helped break the feelings of being surrounded by a hospital ward. At these points being able to go home was well timed as I had been in the hospital such a long time and as my health improved the feelings of being locked up were getting more acute. Having such long periods of absence from the ward became very important.

Finally, a period in hospital can allow for some self-growth on the Maslow model as when feeling safe in there then life will begin to being back more on an emotional level. After that those on the ward who react friendly towards and like us as people will mean there might be some more opportunity for self-esteem. Eventually you might feel like being more yourself again the process of feeling safe and emotionally involved could ease the boredom and the pressure a long hospital stay can involve.

## **Conclusion**

There are a variety of outcomes elaborated here which will make the experience feel more or less confined and it is possible to assemble these together. In addressing these questions the relevant factors have been identified to increase our understanding of what is involved. These include how the feelings of confinement might be helped based on my own experience which might challenge the problems of feeling locked up on the ward for a long time. It is hoped these considerations will improve the experience of in-patient care.