Social Science, Humanities and Sustainability Research
ISSN 2690-3628 (Print) ISSN 2690-3636 (Online)
Vol. 5, No. 3, 2024
www.scholink.org/ojs/index.php/sshsr

Original Paper

My Psychiatrist Good and Bad Clinical Practice

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Received: February 20, 2024 Accepted: March 15, 2024 Online Published: April 6, 2024

doi:10.22158/sshsr.v5n3p1 URL: http://dx.doi.org/10.22158/sshsr.v5n3p1

Prior to being sectioned I had heard of the anti-psychiatry movement and was expecting to have a very negative experience of being in hospital. Some people want to abolish it. Yet it turned out once I had experienced the mental health system for some time. I felt in had benefited me and improved my life with schizophrenia.

My contact with psychiatry involved three different stages. These include the initial section, treatment on a hospital ward and supervised discharge back into the community. The input I had from the psychiatrist managed my passage through the system and helped a lot.

To begin I was also expecting bedlam and chaos this didn’t turn out to be true. I was also expecting to be in danger form the other patients as there was truth in this as I had heard from MIND and RETHINK in the media. That put me off, so I had to be sectioned and I tried to resist.

So, relations with the psychiatrist began inauspiciously. I was sectioned by him and taken away in handcuffs. He wasn’t going to accept any nonsense on the part of a patient. Then I was confined in hospital. Once being sectioned like this. I was first surprised to find the doctor didn’t wear a white coat. I calmed down a bit more when the handcuffs weren’t swapped for a strait jacket, and I got a room instead of a padded cell. I now felt a bit more like talking about my problems. He then explained what a psychiatrist was: a doctor for the mind.

I could see he thought I was ill so maybe I might be dangerous. Yet explaining the idea of what a mental illness changed this though this was difficult. How can the mind be ill like the body? Then I understood the notion of a chemical imbalance which was making me ill. This was a bit clearer to me. I could see why I was there now.

When he was first taking about being ill I part of got the impression that I the insanity label meant I had a split personality like Jekyll and Hyde. The diagnosis of schizophrenia also suggested a split in the self. That made the danger of going into hospital serious. The stress could have triggered a relapse. He was able to explain with some authority all this wasn’t true.

Once I got to see the hospital for myself I found all my prior knowledge of the place was wrong. The patients weren't being violent, and it was quiet and restful. That allowed me to open up about my paranoid symptoms and I was able to explain I thought the CIA were after me for causing 9/11.

I understood there were good reasons for the section as the paranoia had me wandering wound the roads at night in all weathers. I was a danger to myself. Being confined in hospital was better than this once I got used to the place. I felt safe from the people I was getting paranoid about outside.

When he explained what he was trying to do with medication and the chemical imbalance I didn't believe him. The brain is too complicated to understand. Which synapse is that I asked? Maybe the cure rate was people just recovering anyway? They never got much further than a third of people.

Nonetheless for these reasons it is true that schizophrenia is treatment resistant. Yet he was open to try other therapies like insight or compassion. There was also exposure therapy and distraction. This sounded a bit optimistic than trying to alter my brain chemistry. I Began to realise it wasn't all down to drugs.

I was however impressed by his intelligence. It takes seven years to be a psychiatrist and they are qualified to do brain research. Then as the saying goes "they think our heads are in their hands." I slowly began to have some confidence this was true.

So, a more familiar term I learned to call my psychiatrist was "shrink." You get into the culture of and get to know the ropes of being in a psychiatric patient. You become familiar with all the different types of drugs. You eventually identify yourself as being a part of the system and with being called a service user.

I was expecting horrendous side effects in the drugs being forced on me and indeed some drugs like clozapine are dangerous. They all have stuff they like, stuff they won't touch and what disagree about dosages are safe. It took a leap of faith to take my tablets. Then as they started to work to stabilise the schizophrenia, I felt it was worth the risk. He put me on a very modern drug that didn't have many side effects.

The side effects were still a worry as they put on a lot of weight and made me sleep all day. This is unhealthy but I had to take them. This was especially dangerous when sitting around the hospital all day without the exercise. All the same I had to take them and try and get motivated to do some exercise.

Without the motivation for this it was very difficult to get back in shape. The mental health system can make you lazy to the point you cannot help yourself. My weight went up from eleven to sixteen stone. It was very important to have an anti-depressant to get psyched up to tackle this.

My psychiatrist opposed my appeal to get out. Yet he did listen to my insight and to how well I was feeling about the illness. I thought the confines were making the illness worse. So, it was better to get out and deal with it at home. The doctor understood this but felt he had no choice other than keep me in there.

The appeals panel had some doubts about the section too so he might not have been correct. At least under the hospital system the patient has the right to appeal against it. You also get your own lawyer. Looking back, he made the right decision. Then once I started to improve, I didn’t appeal any further and soon got discharged back home.

The hospital had a number of advantages. It had proper food and heating. I had help with the tablets in getting to sleep. It felt safe form the stigma in there and from the paranoia of the people outside. I could put up with the section so far here and realised they were trying to look after you in doing this.

Yet the ward was full of ill people and felt confining. This caused much depression, and I got an antidepressant. The psychiatrist saw the problem and I was allowed on leave every day. This even under section. That meant I had a break from the hospital and came back refreshed.

He tried me on an atypical and a new drug at the time called Risperidone. Then he explained there were wonder drugs. Eventually he put me on clozapine and even allowed me some Valium. This calmed me down enough to concentrate on any insight I might have.

It was even recommended I try a risperidone depot that was still under development at this time. I was going to be included in the cutting-edge research and felt very privileged about this. I was however put off as I knew that as with clozapine the trial could be dangerous.

They can keep you there for as long as you need to be. Yet thankfully most admissions where short and I could see people coming and going when on the ward. There were no long stay wards I found out and I thought to myself I could put up with the hospital environment for a while.

So, I began to understand why the section was necessary. Then with the prospect of medical help I started to put up with it. I understood I needed to be in a hospital. This to be doctored and nursed and as with the doctor I began to appreciate the caring role of the nurse which reinforced this.

One thing sticks in my memory about the hospital stay. At one point the psychiatrist was called out in the middle of the night and was able to administer some emergency medication. I learned then not to be frightened of going into crisis and the doctor was there for backup when I most needed them.

Most of the time I was left in the hands of the nurses but the psychiatrist was there keeping an eye on everything. The short contact I had with them on the ward round was however enough. He spent time with my and his analysis was very thorough. This inspired a lot of confidence.

The doctor even came to my home to enforce the section and tried to explain things to me and my family. With me he said, “I would disagree with you I think you are ill” This was reassuring for my family that I wasn’t mad. They were also pleased to know there might be a cure. The intervention from the psychiatrist was important to them at this point.

Once in hospital I could see they are very dedicated to their job. They put a lot of time and effort into it. I remembered from learning at university that there were sociological thought and studies that seek to measure idealism among doctors. In my case and in many ways, this came through.

I was invited to a case conference which is a way a group of doctors can confer and use you as a case study. The panel consisted of twelve different psychiatrists made up from the entire hospital staff. My doctor encouraged me to described my problems. I was privileged to have this.

He was very open to the opinion of other doctors. As I said they all have things they like and stuff they wot touch. It was an opportunity for the to share the research they had read and their experience and expertise with the different drugs. Then to being this to bear on an individual case.

They initially disagreed about dosages and combination, and it was good for them to pool this knowledge with the symptoms I had presented. They eventually reached a consensus about the medications which I was surprised about. They agreed that the medication suggestions they came up with were safe which again was very reassuring.

The doctor also did a full report for my disability benefits and included everything that had happened to me. He knew my case extremely well and I was impressed by how much knowledge he had. the doctor knew what it was like for me and the severity of my experiences.

He was prepared to go the extra mile which impressed me. This because of being sensitive to the suffering the illness inflicted. When on the intensive therapy unit, he came down after work to see how I was. He showed he understood how severe things were for me and wanted to monitor it closely.

He looked closely into any insight I might have. This allowed me to further understand why I was being detained. He thought the insight was being reduced so much that it wasn't enough to let me out of hospital and go home. So again, the emphasis was on the medications.

In time I began to respond to treatment, so the confines were worth putting up with. It took a few months of trying different meds and testing the onset time. Yet again I put up with it all as things were improving slowly. I began to believe in the doctors and realised that without the drugs the symptoms would come back.

He listened to my opinion about how I was feeling. This included how frightened I was and how it was affected my mood. He noted that the stress of being on the ward was making the illness worse. This was to gauge whether I was coping enough to be discharged.

There didn't seem much point in life with schizophrenia. He wanted me to get a part time job to give me something to get up in the morning. Keeping busy was an important therapy and eventually I got motivated by doing courses at my local day centre. Education was my thing.

I initially found them a bit high powered at first so didn't feel that comfortable around him. Then the caring side came through and he also had good social skills. Eventually I got to like him and the nurses. There was always some professional distance. Yet I could see his good qualities as a doctor.

He was caring and came to regard him as my psychiatrist. In him I began to see the ethos of the caring professions and that he really wanted the best for me. I was also impressed in the amount of money and research into the medications. That reinforced my first impressions of psychiatry.

He also took the time to read my books. He was very interested in how my experience of the illness and the mental health system might improve things. They want to know the inside perspective and what it is like for patients. They are also interested on the experiences of being on the hospital ward. I realised I was being listened to. Then he said he would mention my name to his colleagues.

This allowed him to know my illness in more detail than might have been observable during the limited time he spent on his ward round. It was very reassuring to know he had acquired this knowledge and it enabled him to gauge the severity of the illness and the insight I had developed.

He even came on the radio with me and got involved with the anti-stigma side of things. We could use my case as an example for changing attitudes and enlightening people about psychiatry. He was able to help me get the message across that schizophrenia is just an illness.

The more he read my writings the more he became interested in my experiences with schizophrenia and what was happening to me. He even came to the metro centre mall with me to see the symptoms for himself and how they might be dealt using compassion and exposure therapy.

He discharged me as soon as he could as too long in hospital would have been bad for me. They don’t like keeping you there for too long, but they feel they have no choice. The system does everything it can to help you put up with being in there and now activities are offered to improve things.

Whereas at one time they would detain you in an asylum forever they now recognise being in your own home is better and more therapeutic. As is being out in the community and going to day centres. They don’t keep you in any longer than is necessary.

Eventually in my case when discharged he listened to how well I was bearing up to the symptoms and accepted my opinion without the need for observing it first-hand. Never the less he kept a close watch on me through this time and began to trust my judgment whether I needed to be in hospital or not. He also listened closely to my family on this even though families can worry unduly.

He continued and monitored the use of lorazepam during the appointments which continued for years after. Again, I was impressed by this but because it was addictive. I still had withdrawal symptoms and he looked very closely at the other treatments available to get me off it before it became a problem.

At one point he changed the drugs I was on, and I said I though he had better take me back into hospital to manage the transition. Again he listened to my thoughts on the illness and my understanding of how hospital had helped me so I was readmitted.

Before discharged he noted I had become dependent on the help and institutionalised so towards the end I was allowed out more and more and this solved the problems so far. All the same the psychiatrist thought some supported living could help with this and teach me some independence.

He recommended sheltered accommodation for me knowing how dependent on the nurses I had become as a result of the symptoms being so severe. This was another eventuality that reduced the need for being readmitted and further helped me cope with the illness.

Eventually things were handed over to the CPN and despite continuing severe symptoms I was trusted to know if I needed to see the psychiatrist again all I had to do was ask. This time my insight was trusted and there was no need for being confined and sectioned.

This was in stark contrast to his reaction to the insight I displayed during the appeal to get off the section. Now it was realised there was more of it. The psychiatrist recommended some cognitive behavioural therapy and that improved it still further.

Again, this helped keep me out of hospital. Yet he also recognised a lot of other things had to be combined with the medication. It was recognised I needed some more cognitive training and some compassion focused therapy. This would help me cope so I could live on my own.

The psychiatrist spent a lot of time with me even when discharged and my appointments lasted quite some time. This allowed for a lot of questions about various aspects of the illness including voice content, disturbed sleep patterns, impact on mood, fear levels and general functioning with the paranoia. We talked a lot about the interests I had with things in life and levels of motivation.

In particular he wanted to know how I was getting on at my local mental health day centre and was very interested in anything I found distracting. I told him I could chat with the people there and had started to do an information technology course. He was very pleased with this.

This prompted him to ask again about any insight I was having. One of the reasons for my discharge was that I was talking to the other people on ward. I did not feel paranoid about them. This continued to happen at the day centre. Sometimes when the insight was reduced, I had to leave.

So, another thing he wanted to know about was the exposure therapy I had being having. He thought doing this was very important. I told him I was learning to coexist with the fear instead of running and was handling it gradually, taking one step at a time. So, he read my book on this.

The exposure therapy and insight at the day centre calmed me down. That was enough for keeping busy with things. I even joined a course at the day centre as now I was able to concentrate. This in turn had an impact on my mood compared to what he had seen when depressed on the ward.

Another problem was the subconscious overload form the fear was giving me nightmares. The answer here he recognised was to gradually expose to it. So it didn’t go over my head. All the same this had to be combined with talking through the insight with him.

This all allowed me to get some rest from the symptoms. So I was able to function normally when off the ward where everything was done for me. He looked closely how I was managing with this. It was recognised once I had learned to calm down, I could look after myself properly.

The psychiatrist remembered that when in hospital there was not a reason to get out of bed. He suggested again finding something meaningful to do now I had calmed down a bit. The answer for this was that I could now concentrate to write, and this had filled the gap in my life.

He was also interested in how I was coping with the voices now that I was living alone with them. On the ward I was getting isolated and withdrawn with what I had been hearing. Again, this was disrupting for my meaningful activities as it made it difficult to concentrate on them.

The answer for stopping the voices and returning to keeping busy came with the doctors recommendation for a voice dialogue approach where talking back to the voices made it more muted. After that I could concentrate better, and this allowed more chance to be distracted.

Eventually I wanted to go abroad on holiday with one of my friends and he trusted me to do this. He wrote a letter to take with me to give to another psychiatrist if I needed to see one over there. Just like living independently it was up to me to get help if I needed it.

In the end I was living independently which he also thought was a good thing. I had reservations about this, but he proved to be correct about this. He took this as a sign of coping with life with the illness and I was improving with the dosage of medication I was on. He had found the right drug.

In the end my psychiatrist changed jobs and all this case knowledge was lost. I was fortunate that with my writings I could get across what happened and did a resume of it listing my symptoms. The new doctor also had my clinical notes but his familiarity with everything would take a long to recur.

Conclusion

Against the anti-psychiatry movement, it can be shown how things work form the caring point of view of the psychiatrist. They are unhappy with the coercive content of the mental health act but a good clinical practice as outlined here can really improve life with schizophrenia. This resulted in being discharged and getting to the point where I could enjoy life again. What psychiatry does not do well is offering a choice over where to be treated. It is to this we shall now turn.

The Role of Choice in Community Treatment Orders

Hospital should really be a last resort. It is better where possible to have treatment at home. Yet sometimes hospital is better depending on the individual We need to know the advantages and disadvantages of each depending on the individual when applying a community treatment order. A number of eventualities are possible here. A patient deserves a choice over where they are treated whether this is at home or in hospital.

Anyone who has been in hospital will know from first-hand experience what it is like and will be able to compare it to being at home. They should be capable of making an informed choice and getting this across to a community nurse or social worker. My social worker commented to me “you know your illness best.” Having to cope with it on a daily or long-term basis you will have much experience of what works and what doesn’t.

All the same under an acute phase of the illness when someone is new to the system this will have to be investigated for the person to know if an admission or section is best. Again, it can be enquired what works and what doesn’t when staying at home and with being functional there. If it possible to find coping strategies for the new service user like distraction, soothing or confrontation and with help from a Valium it may or may not be preferable to a stay in hospital.

For people new to the system the onus is on the social worker to explain the possible coping strategies that either might keep people out of hospital or that maybe useful for doing this once they are discharged. Schizophrenia is prone to relapse, so it is important things are explained before they get too bad again. The patient will need therapy to reduce the impact of things getting worse. New patients may have to be admitted to hospital first before they can learn these skills.

If the suffering is severe, they will not takes the risk of leaving you out of hospital due to the possibility OF self-harm. This is a difficult one to judge but if you can show you are coping with the suffering to that extent, they might not admit you. It maybe you can cope better at home and there are reasons to stay out of hospital in spite of what is visibly happening to you. THE doctors and social workers will want to help with the suffering, but hospital is not always the best answer.

From the social workers point of view the suffering creates an imperative that something has to be done about it. Yet hospital can make the suffering even worse and once this is realised by the social worker it is also the last thing they would want. If the symptoms are severe the impulse will be to get you into hospital as they won't take any risks with this. All the same there are reasons in which hospital can be encouraged or avoided and these also need to be taken into account.

It is first important to teat any insight as this will improve on the feelings of confinement when coping at home. These are often created by the spying neighbours so insight will allow you look after yourself better there. It maybe the patient has had some cognitive behavioural therapy so they can use the training to calm down. It is important to note that insight can vary but it may be combined with the other distraction and confrontation techniques which may further keep you safe and active. Again, it will provide gaps in the illness which can be used therapeutically in between episodes to help you rest and cope outside of a ward.

Often there is only so much insight you can have so that presenting normally will be better at other times than always. It will need explaining you can go up and down a lot with this so when talking to a social worker any apparent lack of insight may be creating the wrong impression as the suffering will be very visible. You need to make clear what the differences are in between such episodes and the best explanation is that life is often getting back to normal. This will also explain that all methods of coping still functioning are working and will reduce the fear of being readmitted.

There will also be less need for a section when living in sheltered accommodation as the staff can monitor you. There is also 24/7 social contact which is better. The project I was living in had an emergency line, so it was up to you to get help. This in turn may be helped with insight so you can judge its severity yourself. You cannot predict when you will be ill so that even under a community treatment order it is often up to you to know when and when you don't need help.

If you cannot cope when out of hospital the situation is the same as with the danger of a relapse. Then as with normal independent living it is up to you and your friends and family to ring for advice. They and you will know when you are going into crisis and should again be capable of getting help. They may help you soothe the symptoms with loving care and that might be another way of keeping out of hospital even at these times of crisis.

Often if found that I can be just as well ill in hospital as at home. THIS IS sometimes just a question of geography. I have found that having panic attacks, going into shock and even frozen in fear can be dealt with at home. The problem here is that they are going to want to monitor this sort of thing. Yet being trained with compassionate therapy can again avoid this outcome and it doesn't matter so much where you are when getting through these things.

All the same the doctors will still want to monitor responsiveness to the various medications This might still be recommended until they find the right drug. Being able to function may still mean an admission is necessary to determine this. Yet if the patient is coping visibly and effectively an outpatient's clinic might be enough.

Crucially you have your own room in modern hospitals. Yet you can be still both be isolated and confined in it. If you want to be in your own room in hospital much of the time it allows for some private space. Also, when hearing voices the ward can be better than being isolated at home. So hospital can be made more bearable in these ways. Yet these aspects must be balanced against others as some people have a very negative experience of hospital as confinement.

With severe symptoms you need to have emotional support and help with basic needs to keep functioning. The problem is that help from friends and family maybe limited compared to the contact with nurses in a hospital. Either way when combined with other aspects of activity therapy all this should be enough to keep you going through things until the symptoms improve. Yet it might also be the suffering can be more effectively dealt with at home which is a more natural and therapeutic environment.

The confinement of being in hospital might produce a stress induced psychotic episode so sectioning must be treated very carefully. Yet being forced to stay at home under a community treatment order could cause such problems as well. Being trapped in the house concentrates your mind on the voices and the is less distracting conversation as compared to being in hospital. Again, this be stressful enough to cause a serious episode.

Hospital can also do a lot of damage and admissions should not be enforced except in great need. One particular problem arises if you are paranoid about the people in there and you have to to be with them in the day room for observation. This exposes you to the television and many schizophrenics think they are being talked about on it. That can make the paranoia much worse and will lengthen your acute stay in there. In addition, the television is on all the time and the day room is where all the other patients are it cuts you off from all the social contact.

Often when the symptoms are at more moderate levels, they are easier to deal with and in my case, they come back to me as a constant state of anxiety. Having a chat when anxious can more easily take your mind off things and hospital works very well at these points. The problem is again the feelings of confinement will come back to you when you are not so frightened so again it might be better to be at home.

Often to when experiencing some insight this will calm you down bit. So, when in hospital this will allow you to concentrate on the therapeutic activities and enable you to hold a conversation. In the day room. Yet neither of these ways will pass the time will last forever and the feelings of confinement may creep in gain. This can be put up with for a while but during a lengthy admission this tolerance is less possible.

It may feel like hospital is confinement but being at home when ill can feel the same way too. I have often felt that I am trapped in a room hiding from my neighbours who were spying on me. Then believing I was responsible for 9/11 I thought they were passing information back to the CIA. Being at home I was hearing voices criticising me for it and reminding me something terrible was going to happen. Under these conditions watching a movie or listening to music when at home wasn't going to take my mind of things.

At this point I was too frightened to go anywhere as it wasn't just the neighbours spying but everyone else made me think people would do the same about the CIA. So, I wasn't able to go out whether at home or in hospital and the chances for getting off the ward and being distracted by visiting the town centre, day centre and many other things were greatly reduced. This added to the feelings of confinement wherever I was. Yet on the whole it was easier put all this to the back of my mind by relaxing at home.

Another problem was I was getting dependent on the help and being institutionalised when in hospital. I was afraid to leave the place and wondered how I would manage the illness without intensive support. This added to the feelings of confinement but being treated at home meant I had to learn self-reliance to deal with the disabling symptoms. Again, there was a difference in stress levels, and it was easier to overcome these when in my own place reducing the risk of a relapse.

Being at home concentrates the mind on the voices but being forced into a room on your own in hospital as when you are too frightened to be on the ward does the same. It was possible to bring electronic media into your hospital room, but you still cannot spend a long time on your own in there. Unlike spending time at home, you cannot put up with the hospital feel of the place or settle into the institutional environment in the same way.

So having been nursed in hospital must be balanced against the therapy of being at home in your own environment and not in an insitution. Will the nursing overcome the institutional feeling? Often with thirty patients to look after they cannot spend time with you one to one. Yet on some wards I have been on this high-level contact was more possible, particularly with your allotted named nurse. What started out as an institution became to have a family/affiliative feel. This again depended on how long you are in for.

Being paranoid about the neighbours might be better than being paranoid about the people on the ward as at least you have a more soothing environment to hide in. You will not be able to engage with the nurses if you are paranoid about them too which will leave you completely on your own. Then being at home becomes a serious issue as it may help you cope with things better. Some Valium when on the ward is another answer to the fear involved here.

Being on ward is pressure and if you dare not go near the television the only antidote so far is sitting in the coffee shop, on your own. So, in contrast being at home is so much better than this especially as you can have your friends round. Then the homely feel of this is better than just visits in hospital as when enjoying media together. Either way day centres provide another context for this so after a while of living in the mental health system you will have friendships there to rely on during an acute phase which will also be very soothing.

So instead of being nursed you can have your friend's round. All the same they are not qualified to talk about the medical side, although the talk will be just as caring and emotional. Friendships and families will offer a depth of attachment and love which in ways maybe unmatched by mental health professionals, though they may know how to nurse you better. They can soothe the pain and fear you are going through in addition to feeling valued. Yet the family/affiliative nursing is not enough on its own so family input is also required.

It is possible to have time on leave from the ward but often when you go back the pressure resumes and continues again. Yet in contrast being at home the institution is also a 24/7 caring environment which is there when you most need it. If you can get it to work at these times this avoids these problems of being confined which are soothed. So, when staying at home makes things considerably worse you may prefer putting up with the pressure.

Whether being at home or on the ward either way you must avoid depression. Then the social contact is necessary to cheer you up. Your named nurse is there in hospital when your friends and family are too busy to spend time with you. The problem is still that as the nurse are too busy with the other patients, so this doesn't actually make any difference. Too much emphasis is placed on anti-depressants here and wards are often understaffed.

All the same these feelings of Isolation when being in hospital with little social interaction can be alleviated so far. It helps to get off the ward when your family visit or by going HOME. Then you don't feel the full emotional force of the confinement. It means you can settle down in front of the television instead of staring blankly at it.

In contrast when being at home it is better to be on your own for a while. If you have been out during the day when at home it is more enjoyable to get back there, even if you are by yourself. This is not always true when being on the ward as you cannot settle down to enjoy the evening in the same way. Yet where there is a family atmosphere this will fill the gap during this time of the day so it might be just as relaxing.

Another factor is that being at home is a place you identify with and creates a sense of belonging. This is again more therapeutic in comparison with the impersonal institutional environment of the hospital. You feel the full force of this when you are paranoid and in addition you will feel completely isolated in there. Being at home when you are isolated by paranoia is a more soothing therapeutic option.

The stress of being on the ward and negative associations of place when in hospital can cause severe nightmares which might be preventable at home. In contrast being AT HOME the soothing might stop the subconscious overload causing this problem. Then getting a good night's sleep is vital for coping with schizophrenia and is refreshing. From here as the nightmares fade, we may be able and motivated to participate in activities in or out of hospital and which make us more functional at home.

Another step with coping when at home is being able to confront the symptoms head on. This may require a support worker who can take to places where you are paranoid with the fears of people spying on you and so you can get support you to help you overcome them. This may not be done when new to a hospital ward as it needs to be done gradually so you will start to calm down. In the long-term exposure therapy can KEEP YOU OUT of hospital and may keep you functional.

Yet it might not sure the emotional pain from the voices of delusions. So, an admission may still be needed on other grounds. This is another risk the system will never take with you so you could be confined until they find another appropriate anti-depressant as severe schizophrenic symptoms can over time make you suicidal. Yet again with proper loving family support hospitalisation for these reasons maybe avoided too.

With depression it is easier to settle down at home than I your hospital room in order to reflect on your problems. Looking at the goods and bads in weighing up your life with the illness will be better at home which is a more therapeutic context for doing this. You can meditate on your feelings and everything you have good in your life to estimate if the struggle with the illness is worthwhile. We may feel the therapy of belonging at home which may aid this outcome.

Being at home here also avoids the difficulties of Bedlam as hospitals can be occasionally chaotic. It can help art times not to be present on the ward and to escape this as you get your own room. In turn if there is a need to get out of the room so you can also go on leave or sit in the café. Again, if the day room can be avoided going to a more peaceful day centre is going to be necessary. That still leaves the problem that if you are wanted for observation there may be less chance of this and hospital will cease to be a restful and healing place to be.

The trade-off Is that hospitals can be isolating and confining to the point that stress can prolong the symptoms as compared to being at home. Yet that might mean LISTENING TO THE VOICES on your own. So, which is worst? At this point if you cannot shut the voices up in either place then it might mean being more concentrated on them when at home. This might also depend on how bad the hallucinations are and how much it is possible for the individual person to distract and cope with them by dialoguing.

Isolation with the voices at home must be compared to being paranoid about the people when on the ward. This will depend on how much insight there is. Here the social atmosphere of the ward may generate conversation which is a vital part of the healing process. Then where this contact is not possible going on leave to a day centre where you can have engaging conversation will provide a better context than simply listening to a Walkman to avoid the voices.

Being at home can be more immersive and so not like hospital. You can settle down much better to pursue your interests and so sometimes the time flies. In my case when writing I am completely distracted. This immersion is better than just distraction and gain there may be more ways of becoming able to concentrate at home. This is better for the boredom form being in the sterile ward environment.

Home might calm you down whereas hospital might not. Then in terms of overcoming MALSOWs safety needs other higher needs can also be addressed. So, this feeling of safety in turn opens up more emotional contact with friends and family. This provides more opportunities for soothing than being on a ward and might eventually get you to the point where you feel able to challenge the critical voices and reestablish some self-esteem.

If hospital is total Bedlam and you cannot concentrate, there is going to be less chance of distraction to cure the boredom. Then it may still be possible to stay in your room alone and enjoy the quiet so you can read a book or watch a movie on a portable DVD player. Yet you will still need some social contact at some point and if it is always bedlam hospital this is not going to work. HOSPITAL may still be disruptive and with less distraction even though they now have some activities on offer.

At home if you think the neighbours are spying on you it means you cannot go out. Yet the flipside of this is that if you are paranoid about the people on the ward there is no escape from them particularly when there is a need for observation by the nurses. Hospital can make you more ill here as there will be nowhere to hide from the people. Otherwise, you can be confined in your room with the voices when in hospital just like when at home. Then the hospital room is less homely and therapeutic.

Yet there may be other problems with staying at home. With the spying you might not be able to get out at all so your house could be associated with somewhere you have suffered. Then if you are isolated this will make the feelings of confinement worse. Associating hospital with suffering is also another possibility so again the choices appear difficult.

Being in the day room where everyone is drugged and not interacting may mean you are on your own. Then the nurses may be too busy to spend much time with you. If you cannot interact in the day room and are spending large amounts of time in your hospital room, you might as well be at home. Going to a day centre under these conditions may not be enough social contact to make the hospitalisation work.

So, you may be isolated at home so it might be better to have some company on the ward as and when you need it. Sheltered accommodation can answer this and is a 24/7 environment like a hospital. There you will have longstanding and therapeutic relations with staff and other residents. They will also be able to monitor the social condition and get help if you need it. If things deteriorate and you lock yourself away or are too frightened to clean and cook, they will notice this and get help. This is a safe alternative to hospital.

At home you may be too drugged to keep active with housework and other distractions. Usually this will wear off and then you can start to so address the same symptoms by distraction. Yet the same thing can happen in hospital as often people are just staring into space. It is better to take all your tablets on a nighttime so you can sleep off the sedative and then you may feel more motivated to get out of bed and do the activities on offer, though if you have to take an afternoon dose this may not work. Either way if this is not possible again it seems to make little difference whether you are on the ward or not as the drugs may prevent keeping busy.

During an admission you can enjoy being waited on food wise and in today's hospital the food is now much better. Again, being pampered like this and spending some money on yourself can help cheer you up. Then you may be more motivated with the activities on offer in hospital or at home. Doing this will bring us out of ourselves and we will feel more like enjoying the conversation on the ward. Then this should help us pass the time.

It is also soothing to talk on the ward, and this may be necessary when our friends have abandoned us through stigma. It is possible to make new friends on the ward and over time the nurses will get to know you very well. This can be complemented by visits from family and should be enhanced by going on leave to a day centre. This will motivate many people to be more talkative and benefit from each other's company, despite the incarceration and loss of existing social contact.

Hospitalisation tries to duplicate the family feel when being on the ward but as we have seen this may not be possible as nurses are so busy. Your family might be too busy to visit often so the need for a family atmosphere becomes important. Yet on the ward some family input is still possible if your friends and relatives come visiting and there remains some degree of contact with your named nurse. Then for some patients this may be enough and then you may be motivated more for being up to doing the activities on offer.

What works at home is that emotional support from friends and family can provide a break from the symptoms. Then you can keep busy by doing something functional like cleaning or cookery. Being distracted is a way of concentrating on something and there are plenty of interesting things you can do around the house like electronic media. This contrasts with people staring blankly at the television in hospital when the family atmosphere fails on the ward.

For this to work you need fairly regular emotional contact with friends and family and it is better to have something going on every day. This may be limited if your relatives are too busy but it can be supplement by going to a day centre for a few afternoons a week. After that when getting home you can just relax and enjoy life pursuing whatever you are interested in. There will be no need to make such efforts to concentrate as you will be calm enough to enjoy things more.

If you can get out on your own going for exercise that can help break the day up assuming you have the strength to do it. Under normal conditions this may mean you have to push yourself to do it but with schizophrenia having the motivation may mean you really have to force yourself. Yet it can clear your head and improve mood. You can show the nurse or social worker that you can take on challenges like that and are in a position to self help yourself more when you get back.

You can also drink alcohol when out of hospital either on leave or under a treatment order. Anxiety and depression are common consequences of schizophrenia. Yet in moderation this should help you relax more in respect of trying to cope with the terror and with cheering up. You can combine it with having a night in with a DVD and some takeaway food or with socialising when having your friends round again. This sort of thing is not allowed in hospital, but you have to be very careful as the drink might trigger off a severe episode and you might end up having to go back in.

Either in or out of hospital the conversation can be very distracting as compared to electronic media. So, it is much better for anxiety and for coping with the stress and depression. Nurses are very good at this and are intelligent to take your mind off things talking with you, which is good for learning to concentrate. Conversation with new friends is also engaging and takes your mind off things in other ways.

In contrast to being in your house 24/7 with a deterioration in your symptoms and not being able to get out it may feel more confining even than being in hospital. Then the distractions may not work if you cannot get out at all. At least in hospital there is more internal space and grounds to walk around while the people to talk to means you are not completely on your own when confronting the illness. This should all get you breathing easily so you can calm down and concentrate.

Yet spending a long time in hospital can be just as bad and you will be eventually wanting to get out even if staying at home means having to cope with the symptoms on your own. Having to cope with the longer-term confinement on top of these symptoms could still be easier and by this time you should start to realise all the homely coping strategies will make this less of a risk.

Then we will know that in between episodes home is often the best place to be and will cheer you up more than being on a hospital ward. Once this is realised when the symptoms start again you can look forward to the next length of therapeutic time at home. You can tell yourself that when the symptoms pass things will go back to normal and this should help you hang in there when things become more difficult. If the symptoms are more 24/7 hospital may be a more viable option.

It is easier to be distracted at home and aromatherapy or homeopathy might be relevant here as it could help your keep calm and occupied. These may also calm you down enough to concentrate at home to play computer games or read a book. So, when the fear saps your strength using this restful coping strategies could further help with resilience to this too. IF YOU CAN GET motivated BY such simple things as shopping or HOUSE Work you will feel better for it.

This everyday functioning may keep you out of hospital as there will be less pressure on you as when on a ward. You are more motivated to look after yourself and will have less time on your hands. This pressure in hospital IS not relieved by simply watching the television and the activities may only relax things for a while, even when getting off the ward. Being at home is much less boring and avoids the long wait to being discharged.

If you are too paranoid to go to day centres, they might still like you to go into hospital as there are activities going on there which could help with this aspect on your therapy. Keeping busy is thought to be very important and if you cannot do this at home it might be a reason for being admitted. If you are too ill to go out, you might be better off by being able to keep active by doing all this when on a ward.

Yet if you are confined at home there are other ways of dealing with this other than going into hospital. One is that if you can get a support worker or family member to take you out. Then the feelings of freedom form the confines of your home could keep you more functional and will help with mood. This could also keep you out of hospital and allow you to get to day centres where there are more activities and better social contact. Successfully confronting the symptoms may reduce the need for Valium or increases in medication.

These feelings of freedom may be better than simply having leave from the ward when in hospital. The difference is that once again you have to go back on the ward it is like you have never been away and the feelings pressure and boredom will come back. In contrast having been away from home when out allows you to get back to your own environment and enjoy it. Any memories of being ill in there which could trigger off a hospital stay will start to fade over time.

Finally, during an acute phase, the schizophrenic symptoms could be visible to the local community and with the stigma attached to the illness there might be violent repercussions. At this time hospital might be a safer alternative which will help with the stress that might causes a relapse. Again, this needs to born in mind with a community treatment order which could then be used once the person starts to calm down and cope with things better.

In sum psychiatrists will have to make careful choices about sectioning people as it depends on the individual person whether they would prefer to be on the ward or at home. Some people will find it confining others will derive benefits form it. Contrary to many negative stereotype’s hospital can be a therapeutic environment and may help you get some independent functioning back. This might depend on how long you are in for but utilising the various self-help techniques described here may mean the need for an admission may be much shorter and more tolerable. Then it will not be such a negative experience.

On a personal level if I though hospital could help, I would go back in again as I would be willing to put up with the restrictions. If the symptoms were serious enough and I thought hospital could reduce their intensity or be cured form them out right, then a stay in hospital would be a god send. Schizophrenia is a serious illness and can make you suicidal so the thought of confined in hospital while it is sorted out is for me less of a problem.

Conclusion

There are so many factors affecting whether to be treated in hospital or at home including how to manage the isolation and confinement of each. Much depends on the individual experience and there is no clear answer which is best. When sectioned in hospital I felt being on the ward was making things worse and I appealed the section to get out, which was almost allowed. My more negative experience at that time meant I could be trusted to make the right decisions even when very ill. We are capable of making some of these choices for ourselves and they will be listened to by your nurse or social worker. This article has set out what was important for me in doing this.