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Original Paper

Getting out of My Room and Independent Living

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Leaving your house is a common problem as many schizophrenics think their neighbours are spying on them. This account details how my social worker was able to help. The whole experience was terrifying at times but with the right approach going out became doing this became more and more possible. That opened the door to many things in life that could help with severe problems of schizophrenia. There is a path here we take in doing this.

The first thing I had to realise was the avoidance strategies of hiding at home where not working. This not going out at all was stressful and was triggering off the psychotic symptoms. It also would help with the depression of hiding away all the time which added to the stress. The social worker said even though I was still frightened hiding away at home it would be no different when getting out and about.

Contemplating getting out required carrots and sticks as I didn't feel I would have the courage to make it work. If it could be done there was much incentive. Yet it still took much pressure from the social worker to give it a try. Having been locked away for ten years it had been so long I had forgotten what it was like.

The social worker was also ale to inspire confidence and courage this could be done as they could provide support to help with this. The social worker made it clear that they had other clients where the confrontational strategies had worked. Then I began to realise that I already had displayed some courage standing up to the voices even though I was still hiding away. I began to consider the idea of going out and what followed was a thought process I went through to contemplate this.

At first the whole thing seemed like an impossible mountain to climb. Yet when I began to break the problem down into a number of steps, I found some methods I might use to make the whole enterprise work. Initially I began to remember some previous and very stressful times in my life and how I came through them. I realised it seemed possible to make a start in confronting things that felt to me to be similar to what I had already gone through before. Then to use these as a steppingstone for dealing with the worst of the schizophrenia.

There were apparently two ways of doing this which included either tackling the most frightening aspects of the fear head on or do it more gradually step by step. Having already having one nervous breakdown

I didn't want to risk another by throwing myself in at the deep end with this. I decided to go for a strategy based on graded supported exposure. The problem still remained however that if it went into crisis when out the house I could snap again. This was the risk I was willing to take as if nothing was done about the problem I would be trapped indoors for the rest of my life.

Another reason for doing this was I was getting crisis episodes at home and had always come through them. The problem was that I thought that if it happened when out and about these things would be a lot worse. Yet again this was something I could practice with the episodes when at home so I could build up to the more severe episodes when out. Going out was made possible by handling the crisis episodes when in door first. Then I could tackle the other more severe times when out of the house. I was fortunate in doing this that they only happened occasionally.

The reason for the increased severity when going out the house seemed to be that I could hide away instead of being in full view of other people when out and about. Then I would be drawing attention to myself, and people might be noticing about 9/11 making the whole thing even more serious. Then a strange thing happened that when in extreme fear I was able to look around and nobody was watching. I didn't feel like I was being spied upon any more than usual. That thought reduced a lot of stress and these points and made the symptoms much more manageable.

The next step was tackling getting out of the house and over the doorstep which had become a psychological barrier. It meant being in full view of the neighbours who I thought were spying on me. This was made possible because if I felt that if anything went wrong all I had to do was run back inside the house. Fortunately, this was helped as there was often no one out there. Then eventually the psychological barrier was broken once I got more used to getting out and about So, this feeling became permanent.

There was much positive reinforcement from my social worker; you can do this mark she said. I began to believe the social worker was right. It needed positive reinforcement not just to get out of the house but also to have someone with me when out. Then when frightened doing this my social worker said you are doing great, so I didn't run. It was only during a crisis episode that the positive reinforcement didn't work and the dangers of this had to be dealt with in another way.

Sometimes I had doubts whether the confrontation could work as after a bad experience I was once bitten twice shy which was creating a second psychological barrier. I thought it meant starting again with the graded exposure and these negative experiences would still recur. Yet the positive reinforcement once again helped persuade me to give it another try. I still had to have this support at each step of dealing with the fear. Yet I eventually realised after time taking this one step at a time resulted in having come a long way. Then it might even have been possible to do this on my own.

I had to learn to coexist with the fear when having the support which helped reduce the symptoms as it made things less stressful and quietened the voices down. This avoided a relapse when out and I was able to handle the fear of this too in the same way. The strategy proved particularly useful as if I was to do this on my own there might not have been a car to run back to and it made other forms of transport for getting back home out of the question too.

Getting out motivated me a lot my at home so I began to take an interest in things in life and was more distracted. With less stress the illness wasn’t being triggered as much. Then once things calmed down at home, I could rest so my strength wasn’t so sapped. This meant I could give getting out another try despite the exhaustion of doing this. Now if I was getting particularly paranoid about the neighbours, I could go for a walk away from them or go out and do something that would take my mind off them. This helped with being confined next to them a lot when back indoors.

Next when practicing being out on my own, I needed some distraction. I found I could take my mobile phone to ring someone for a chat or check my messages and email. So again, I would feel I was not alone in confronting these things and I thought this might have also been effective in calming me down during an emergency. Even if there was no insight into this when tested at these times, I discovered I could keep my thoughts focused on doing this instead of the people around me. So, it seemed the going out stood some chance of success.

Initially I felt I could pass out with the fear but found the graded exposure could help with this. The problem was that starting down this path on my own was risky until I got to tackling the more serious levels of fear. With the support instead of feinting it was possible to go back to the car and go home until I was calm enough to go back to the place full of people. Then using the graded exposure I could handle a certain amount of stress, and even began thinking this was good for me if I could handle it. Slowly I was getting more resilient to the symptoms and their triggers with positive thinking like this.

Hiding at home seemed to be the only way to avoid the neighbours and the problem was not to come into direct contact with them. At first, I was able to get into a car and drive past them. That led to walking past people in the street, but it remained a problem having one to one contact with them which was a step that had to be tackled much later.

Enjoying the experience of going out was the best distraction from the fear and my social worker was good company when out. She expressed an interest in my writing about mental health and the conversation became very distracting as I was able to bounce my ideas off her. The writing was one of the things that I was happiest with in my life and also one of the most rewarding. It felt like being at home using my computer to create something and so I could get very distracted when I was out with her. So, she was able to reintroduce me to all things I had been missing when hiding away. This provided more motivation to continue with the exposure as most of the time things were going well. Yet initially I had to stick with overcoming the fear before this eventuality was realised. Then despite frequent setbacks it convinced me that that it made sense to persevere with what we were trying to do. That meant first putting up with the suffering it caused until gradually I could see light at the end of the tunnel where this would be lessened.

One problem that did emerge was that if going out triggered a really bad experience and I had to get home but the symptoms would still be there when I got back. Being in the house after the getting out had caused a crisis meant that my mind was concentrated on the paranoid thoughts and voices I was experiencing. That just made everything much worse, so the best answer was just to take my tablets and knock myself out asleep. This proved an important coping strategy for going out again as I was able to stop the fear before it made a lasting impression.

One thing that did eventually occur to me was that getting out was a good way of avoiding my neighbours who were not able to spy on me at these times. This meant my thoughts about having caused 9/11 could not be policed by them and I had a break from this constant observation. When out I never say the same people twice which was a lot easier than being at home hiding from the CIAs informants. The problem was I had to return home at some point and couldn’t be out all the time.

The next step for getting out was going to a day centre as time with my social worker was limited and I needed to practice things more. On my first visit there the social worker came with me so I could get the feel of the place and fortunately I was paranoid about the people there. The place provided good conversation and had courses to take your mind off things though when out in other places or back at home I still felt I was being spied on. I could use this as a resource to relax with despite the stresses in my life.

I decided to test my stress levels out by doing a course at the day centre. This would force me to concentrate despite my thought and voices. Once distracted I could take on the workload of the course and see if I could overcome the stresses involved. I had to force myself to focus and concentrate even though this was very difficult. It was one of the first steps to dealing with the symptoms of the schizophrenia which were also very tiring and causing system overload.

Being relaxed at the day centre I felt I could measure up to the course more easily and found I could handle the demands it placed upon me. Then I could try leaving the day centre and tackle the moderate stresses of the schizophrenia in the same way and I found this was possible too. The course had forced me to think about other things which is what I needed in the town when I got paranoid about the other people. I could force myself to think of the shops and restaurants instead.

After that another step was possible as some of the courses had exams and certificates at the end of them. This was later dropped by the day centre because it felt that it was putting people under too much pressure. However, that was exactly what I felt I needed with confronting the schizophrenia and the exams I passed under these conditions allowed me to challenge the symptoms when out and about even further. This even after my first initial breakdown to which pressure at work was one of the reasons I snapped.

Having calmed things down to the moderate levels of anxiety it was then possible to use other relaxation techniques which were not effective when things got really frightening. This again took the edge off what I was experiencing as anxiety can be on going and still a difficult problem. The anxiety was there as I was never sure the paranoid thoughts would ever go completely. It was necessary to completely immerse myself in some activity so the paranoid thoughts would not drift back into my mind.

The problem remained however that despite all this that the crisis episodes might keep recuring when out and about and if I was on my and passed out with the fear somewhere there would no help. I began to record their frequency and realised there happened about once or twice a week so that seemed very risky going out all the time. I had to have an extended periods which were completely free of them before I could risk going out on my own.

The social worker was able to remind me to be mindful and to test any insight I had with trying to get out as often I was so caught up with the delusions and didn't remember about it. Having relaxing times doing this was making up for the stressful moments and helped me feel safe from the stress which was causing my relapses.

Often too I was so distracted by my delusions I wasn't mindful of where I was or what I was doing which made it harder to be distracted. Yet at least I wasn't getting paranoid about the people around me. Usually I was still able to be aware of where I was even though I was caught up thinking about things and my mind was somewhere else.

Often the memory of being in a frightening and dangerous place would prevent me going back there. I could prepare for going out by imagining myself being in the dangerous place in the safety of being at home. This helped getting over the mental barrier to going there and allowed for the thought of giving it another try. I could be exposed to the fear mentally at home then try it out for real once I went back. That broke the negative associations with going there again.

I found I could establish certain places with feeling safe and so when at home with the spying neighbours I imagined being somewhere else away from them. This calmed me down being at home. Then I could talk this through with my social worker who suggested that the establishment of such safe places when out would eventually mean I could do this on my own and enjoy it more. That enjoyment kept me absorbed in things and so although not always mindful of associating where I was. Then I benefited from going out and felt less stressed about it.

Yet there was still the danger that I could collapse with the fear if I got an episode when out there on my own. The graded exposure had a long way to go before I could tackle this eventually. In the meantime, it took a Valium as it only took one such episode which could stop me going out completely. So, the Valium was tremendously important until the other techniques began to work.

The emotional pain I was in from being spied upon was replaced by enjoying getting out and the positive reinforcement from the social worker. This helped a lot with the low mood I was experiencing and kept ne motivated with life as there was something to look forward to which got me out of the house.

Walking past people was now doubly effective if I was distracted and engrossed in conversation with my social worker. Yet eventually, I had to do this on my own. This was helped by taking a Walkman with me as this replaced talking to my social worker. Then I was able to walk past people without noticing them which created another feeling of safety.

Eventually the shop fronts and restaurants began to grab my attention and I wasn't focused on the people streaming past me. That feeling let me feel less invisible when out, so I didn't stand out in the crowd. I began to realise that looking at the other people meant no one was looking at me, so I wasn't feeling I was being spied upon.

That left one to one contact with going into the shops and buses. The eye contact would have given me away if the other people discerned my thought about this and not interacting normally was attracting attention to myself. At this point something mental distraction became paramount, and I realised I had the element of surprise here. So, I tried thinking of something else to disguise the paranoid thought and not focus on what I was doing when engaging with the other person. Then when with my social worker I try to look at them instead.

The anxiety never went away completely when doing this and I went up and down a lot with it. The thoughts were still there at the back of mind. The answer became to nip the in the bud before things got so stressed, they could trigger off a relapse. I needed another backup plan for this when out to avoid a crisis when on my own. The answer was if I felt the anxiety increasing, I would go and sit in the cathedral or walk round the river. These strategies proved effective when moderately frightened and stopped things getting out of hand.

It got to the point where I felt my fears were more likely to tigger off an episode at home. Then being indoors concentrated my mind on the symptoms and the increased stress of this brought the voices on which triggered off an episode. I actually felt I was more distracted when out.

After having been out I found it helpful to reward myself for having achieved something. I had taken on a challenge and succeeded. This gave me the confidence and motivation to try it again and gradually I learned to climb the ladder of levels of anxiety which still went up and down a lot. I began to look forward to the challenge as it gives you a great sense of satisfaction to overcome your fears.

Going out and confronting the fear on your own helped prepare me for independent living which meant moving out of the mental health project I had lived in for fifteen years. The transition was marked as from having lived in a room for ten years to being able to live independently within another two. To do this I had to invoke a new thought process as to how this might work and once again this proved effective. In my own house unlike going out if I was paranoid there was nowhere to run to. The stress at this point was giving me panic attacks. If I passed out at these times, there would be no one to revive me until I was found by a family member, which was a frightening thought. It would take some Valium to address this possibility too, but it is not always prescribed. I had to get used to the thought that if I did collapse, I would still come round anyway. This worry was stressful enough to trigger the voices which might cause a relapse.

Moving out of sheltered accommodation meant increasing exposure to the stigma as if anyone saw me reacting strangely to them. The eye contact I learned being out and about helped when bumping into them which fortunately almost never happened. People notice their neighbours when out of the house but fortunately I could come and go through the back door, and this largely avoided them. That usually meant getting into my mother car or going for a walk along the main road where there were less associations of danger.

I tried not to notice them when out and look the other way, but I still got a fearful reaction as I looked at the through the corner of my eye. This problem did not have a solution and only answer was to look the other way and get back in the house as quickly as possible. The problem here was living next to the neighbours was a permanent thing and I didn't want to establish a reputation for being strange in my local area. Fortunately, I only went into the cul-de-sac to put the rubbish out late at night, so this eventuality again was mostly avoided.

This was something I could practice when going into shops as the eye-to-eye contact had to be made when at the shop counter and I had to force myself to look at the other person. i knew they might see in my eyes the culpability for 9/11 and I found it difficult to disguise this. All the same I eventually had some insight into this as nothing ever happened to me in terms of being punished for causing it, so I began to feel a bit safer, and the eye contact became more possible.

In sheltered accommodation there were people I could trust and talk to which could help distract myself and so emotionally could keep going with life. In contrast with living independently there was a lot of time on my hands and the boredom was stressful, adding to the problems of the house move. One answer was that the getting out provided some interesting activity and the fear exposure was able to help with this distraction too. Then as things got more manageable in the stressful new house the boredom came back and I needed to keep busy doing things around the house.

On my own there was initially no distraction or motivation and I had to handle the fear myself. Once more some Valium was needed for this which had the consequence that when the illness was at its worse this calmed me down. So, I didn't associate these experiences the new confines with being absolutely terrified. Ye the Valium could only be used in the short term which put a lot of emphasis on the confrontational and distraction techniques I had been learning.

Just as I had to force my mind to concentrate on the day centre courses and the various distractions of the town centre, so I also had now to coerce myself into the distractions of being around the house. Some electronic media and the internet were able to fill the gap here and I was able to concentrate on my writing which again provided another sense of accomplishment. It was easier to immerse myself in these distractions than when carrying a Walkman when out as I wasn't catching sight of the people that made me paranoid.

That distraction could be combined with doing the housework which made the effort of overcoming the stress of being forced to do this a lot easier. The house move was stressful, and the new confines focused my mind on the paranoia. It sapped my strength and created low mood, so I had to coerce myself to look after things. Yet it turned out I could immerse myself in the media at the same time so I wasn't so frightened by the voices when on with this and I could feed and clean myself properly. It wasn't so much of a problem.

What kept me motivated at the project was the fact that there was 24/7 emotional contact, so I was a lot more functional. Then with living on my own the negative symptoms of schizophrenia came to the fore, so this became a problem. If I ended up living in a slum and just let myself go life would be a lot more stressful so the getting out and about became very important here. Being able to overcome my fears doing this allowed for strength to get motivated to look after myself and in the end avoided going back into hospital with things.

I had to keep out of hospital as this would have just made things worse so once again, I had to force myself to look after things, so I wasn't classed as not functioning. That provided some motivation again to get things done as being in hospital would have worsened the illness and was not as therapeutic as being at home. I was having enough crises times and although on my own with them compared to having hospital support, I felt more capable of dealing with them in my homely environment.

The temptation was to stop the going out while I got used to the house move. It turned out that stopping the going out meant the stresses of the move would be worse and could have sapped my strength for going out altogether. The getting out was a bit of a lifeline until I got more used to my new surroundings at home. That would mean starting from scratch with all the progress I had made would be lost and it would have been much harder to start again.

The house move was one of the most stressful things you could do, and the stress was more lasting than the graded exposure times when out with the social worker. By the time the house move happened I was very practised at getting out and about so the thought have having longer periods of stress in the new place seemed more manageable. All the same it would still cause problems and here there were various things I could use to build up ways of dealing with them.

Another strategy was to step up going to the day centre which if I wanted to was possible three times a week. This allowed for some exposure to the more moderate levels of the fear and again, I got used to the stresses of doing this. Then I realised that when I would be spending long periods on my own and the anxiety was going up and down, I felt that at the moderate levels this could be dealt with. All the same this was made more possible as it provided a venue for social contact, and at home I still had to do things on my own.

What worried me with the independent living is how would I cope if the symptoms were more severe. Yet that had been tackled at first by having a social worker with me. That brought back the possibility of passing out with the fear somewhere and without anyone there to revive me. This was something that needed to be tackled before the move as the stress of both at the same time could have made things much more serious when out.

The only way of doing this was to practice it when out and that allowed me to get my own place and cope with living there. Not only was the carrot incentive to be part of normal life outdoors but to have the independence of being in my own home without having to rely on other people. Again, I thought if I didn't nothing about these things were never going to change but again confronting things on my own meant that with the more severe symptoms it could cause another breakdown.

Without the 24/7 back up of the mental health project building up to going out a few times a week might not be so effective in confronting the fear. My family helped a lot here and I was allowed to go home overnight to have a break from my new place until I settled in more. That still meant most of the week I was on my own, so I needed to plan my activities throughout the week to make up for the loss of the 24/7 supportive environment of the housing I was living in. I had to get out on my own for long periods.

I began to devise a way to practice this as I knew from having been out with my social worker, some places were more frightening than others. Indeed a few could have triggered a serious relapse. Once again, the getting out with my social worker was aimed at as reducing the stress levels I was experiencing. This might stop the schizophrenia perpetuating itself and make it easier to be at live independently.

As was the case with the initial weighing up of what was involved in going out, I had to think through what might happen fi things went seriously wrong. The danger was if it produced a crisis once again it might put me off going out completely. Again, I would have to see if going with a social worker would make any difference to this.

I would need somewhere to run to, and it may take some time before I had the courage to go back. The social worker had a car to take me back home and with some time elapsed I got over the frightening experience. After a while I recovered my nerve and was willing to give it another try. I felt that maybe this was a one-off experience and might not happen again. Having been through it once meant I would get over it again. Yet the problem soon emerged that if things got absolutely terrifying it would stop me going out altogether.

That would have meant been stuck inside the house the whole time as this still put me off going back out. My social worker had to intervene here by saying that look how far you have come, and I shouldn’t give up now. Much positive reinforcement was needed here again as it did at the outset, and I had to confront the possibility that the avoidance strategies weren’t working. These were the greatest risks in the process of confronting things as the heights of the terror were at these times, when I was most likely to snap with it.

The next step was indeed a baptism of fire, and I went to somewhere I had been in crisis in with the support of the social worker. I felt the fear come on but tried to just let it be instead of running. What happened was I didn’t actually pass out with it which was my main worry and that took the edge of the experience. As I was calming down a bit it did not trigger off a worse psychosis and I managed to coexist with it again. I didn’t panic and run off.

As I stood there in the middle of a shopping centre I began to get used to being in my surroundings although I felt highly visible at this point. Yet as I returned to my senses and looked around nobody was looking at me. I became more aware that my support worker was with me and could listen to what she was saying in spite of the voices I was hearing. Then it was possible to take a few deep breathes and try and take some lavender and rock rose instead of the Valium. Unfortunately, these were not effective on me.

The next step was to try and do this on my own and I needed some social context where I could blend into the crowd. This was not possible with the neighbours at home as I felt highly visible with them. Yet with certain other places these associations were not paramount. I decided to join a local archery club and thought that as I used to enjoy it before my illness I could fit in there quite easily. My predictions turned out to be true and I was able to do this on my own. Again, this proved a bit of a lifeline for getting out of the house.

That steppingstone made me try to go shopping. Yet I still avoiding places that could trigger off a relapse first. Then the feel of safe places I had established much earlier with the support came into the equation and I could focus on the feeling instead of just what the support worker was saying to reassure me. This worked too and kept my stress levels within manageable limits.

Still there were difficulties and the problem of going into shops and making eye contact with whoever was serving me began to resurface. There was only so much insight you could have, and this made me flip out from time to time. Once these paranoid thoughts began to affect my mind I had to leave and go home again. Coexisting with the fear wasn't going to help here as I could not get rid of the thought. It was so uppermost in my mind there was no distraction either.

The problem with living independently was that if you experience too much fear within the confines of the new house you would associate the place with the suffering. Once again, the graded exposure was able to help with this eventuality. Having calmed down when out I could concentrate on other things when I got back as I had overcome the fear. This meant I could be more distracted when back in the house which stopped the associations of the place as somewhere I was suffering with the fear.

This was extremely important as I needed the house for a sanctuary as if I felt safe there. Then I could use it as somewhere to run back to in case of a crisis when out. Although it took a long time for me to feel this way about my new place it did eventually get to that point. This replaced the feeling of safety when living at the project and although there was no social contact to distract me when I got back, I still found the homely feel of the place quite soothing.

The confrontation approach when out allowed me to enjoy life a lot more and I kept motivated to look after myself and the house. Again, this helped with mood, so things weren't as stressful with that too. This again helped me with the house move as I was able to continue enjoying some things until I settled into my new home. Not everything was bad in my life, as I could relax a bit with the changes I was going through and even live it up a bit at the same time.

The getting out helped me overcome the stress levels until I eventually began to settle into new place. So, this story has a happy ending. I needed going to my own home as a backup for going out as after a bad experience I could soothe the stressful effect it had on me. Once I got over the stressful transition of the house move it came to feel like my own home and I started to enjoy the freedom and independence of living there. Then all of this was useful for stopping the stress of the illness triggering a relapse.

The confines of the place had concentrated my mind on the symptoms but even this was soothed by therapeutic feeling of having your own place. In the project I had lived in this was done by keeping the door open and experiencing the community of 24/7 group living. Yet on my own t I was able to replace the support with these new therapeutic feelings and I began to enjoy being in the house on my own. It was a nice place to live, and I eventually began to feel I belonged there.

Once again with the house move, I had to confront the symptoms on my own for long periods. This resulted in overcoming another more difficult challenge which gave me a further feeling of accomplishment. This in turn helped with getting out and about and allowed me to tackle the upper end of the fear curve when out. Yet as I said there were still major difficulties with going out but in the end, I had achieved enough that I didn't feel I had to confine myself all the time.

Conclusion

In conclusion life with schizophrenia still affects me greatly and I feel I have taken all the steps I can. Getting out of the room at the project helped me with independent living and I was able to replace the feeling of community at the project with something just as therapeutic. This process was full of trials and tribulations but with thinking it through both on my own and with my support worker I was able to overcome the doubts and fears involved. That link between going out and getting your own place became very important. Net going out allows you to access a day centre.

Day Centres in Mental Health

Day centres can help guide you through the mental health system and can support you at each stage. From admission, discharge, moving out of sheltered accommodation and acute relapse they can become a platform for meeting new people to assist with all this.

Day centres are better than a ward so when I hospital and when newly admitted to hospital on first diagnosis they were lively place to meet new people. That provided a break from the monotony of being incarcerated and were vital to my care at this point.

They also get you out of the sheltered accommodation. If it is slow to make new friends so the project will act as back up until you do. Yet eventually you may meet a lot of different people at the centre. Then the social group you become part is larger than in sheltered. It is a lot more interesting.

If you are stuck for things to do and stigma prevents you from doing them then day centres become very important. No one will mind you acting strangely as the neighbours might. This should make it safe to go there and may calm you down enough to engage socially again.

It does give you something to get up in the morning for. Yet you still get paranoid symptoms, so I have to coerce myself to get out of bed and to be ready to go out. Being in the shower will motivate you a bit more but even then, it takes an act of will so going to the day centre is not always possible.

That still leaves the problem of getting there as you might not be able to just get on a bus. That is where a volunteer driver comes into play. Of course, you still have to avoid the neighbours while getting into the car. So, it is better to leave the house by the back door.

Making new friends means you can go out with them, so you are not left with the voices on your own at home. Yet going to a day centre once or twice a week may not be enough otherwise. You can rely on friends to support you during acute phases which might keep you out of hospital.

It is best to form being part of a group and do things collectively. The more the merrier and that means you can have parties where everyone can get together. The group will also be more closely knit than the feeling of being part of a community as at the day centre.

The sense of group identity will mean you have more people to rely on and should make you stronger for coping emotionally with the illness. The group will grow organically over time and this feeling will deepen. The group identity can be counterposed to the way the voices see you.

You will establish relations of trust with your friends which will allow them to reassure you that your delusions are not real. They can reinforce any insight you may have and they will still like you despite believing things like you are responsible for 9/11. A cognitive therapist could pick up on this.

IF only going to the day centre is only once or twice a week and your family contact is limited through your relatives being too busy this is another lifeline, especially if you live independently. You may need a group of people with more members that can spend more time with you individually.

As the group begins to form you may feel a lot happier in between episodes and experience more emotional depth in life. That will rekindle your interest in things and you will start to see the sun. The group will progressively get to know you better. So, you will feel more like being yourself again.

When in hospital the group therapy becomes important in a different way. If your psychiatrist sees you responding to the group off the ward, they may consider a community treatment order. Being treated at home will then be more therapeutic that the confines of the hospital.

The group social contact will provide conversation which like listening a Walkman will distract your attention from the voices. The nurses may not have the time for this. Being with your friend will then help with low mood as you can talk at a deeper emotional level.

So, the group will provide more opportunity to talk than your named nurse will have time for. This may improve things when on the ward as at these times you need the support most. So slowly you begin to come round, and this gradually improves the symptoms during the acute phase.

When your friends come to visit, they will be able to make all the usual conversation based on what you do together, and call tell you all their news. So, there are further possibilities for conversation other than with your named as they will know you better and have more in common.

You won’t feel so emotionally drained with the illness as the friendship will cheer you up. Instead of being worn out your friends can provide caring support soothing the symptoms. So, you will feel more like doing the activities provided when being in hospital.

That should then help keep you busy in there and with motivational support from your friends this will work in the ways a day centre does. Then the emotional help and consequent keeping busy will mean you are not so reliant on the nursing staff who may be too busy for therapy.

So, with the friendship when the symptoms are acute this can provide some balance to the feelings of being confined. That may take the edge off the terror in the way support from the nurses will not. At these times you will really need to talk with someone, and your friends could fill the gap here.

When acute the confines will concentrate your mind on the symptoms so again you need to talk through your problems to avoid this. Having your group of friends around will duplicate the feeling of meeting them at the day centre so afar. Yet you will still feel like you are in a hospital.

Even during the worst times, the episodes of psychoses will come and go. Being with your friends will then remind you that you have something to look forward to when calmed down. If you can hang in there you know the confines and terror are only until you can get back out.

So, the feeling of being part of a group is a powerful source of therapy when things are at their worst, and you are in hospital. You won't be able to concentrate on the activities at this time so the friendship and emotional conversation may be the only source of distraction.

The group when it has grown over time and the friendship when it deepens can provide enough support even during an acute phase. It can be combined with emotional support from your family so you will be even more resilient at these times. It is best to have both sources of support together.

As the symptoms lessen with the emotional help and you will be able to get off the ward quicker. The day centre is much more congenial than the feel of the ward. The hospital will just feel like somewhere where you have been ill but the day centre is more lively with people in recovery.

When let out you won't be spending all the time in bed and there will be something to get up in the morning for each day. You will look forward to the next day instead of forcing yourself to face it. With a group of people there will be some contact each day to effect this, keeping you active all the time. That means things are not just down to seeing a community psychiatric nurse once a month.

Once the group is there you will feel the therapeutic benefits of being calmer and better about yourself. This should reduce these feelings causing nightmares and that should aid in getting some rest. This therapy is very important for an acute phase in hospital and you will bear up much better.

It takes a while to get to know each other well at a day centre but the staff will integrate you quickly. This is vital to change the way support works in hospital where quick integration on the ward is not available. It might calm you down enough to enjoy the activities when back on the ward which should help with mood during the confinement.

If you are not paranoid and have some insight into the other people at the day centre this will open up the emotional tier of the Maslow tree and you can make new friends. The conversation and study are distracting so this might calm you down as well. Only then can you get out and about without the stigma and be motivated to do it.

If you are frightened, you will not be able to enjoy the conversation or activities. So, there will be no impact on mood without being calmed down and this is vital to using day centres as well. Compassion may be needed first before both enjoyment and getting out and about with your new friends is possible.

When anxious you know you will calm down as you realise when you go to a day centre, and this will take your mind off things. All you have to do is to hang in there. This should improve your mood as you will realise everything is not doom and gloom with schizophrenia.

Being relaxed around the people of the day centre in this way will give emotional strength to deal with the relapses at home. Making new friends will mean there are many people you know that like you despite when the voices don't and start criticizing. You can talk about this with them.

When the voices, as in my case, start criticising, that you been being weak and so the schizophrenia is your fault then going to a day centre will allow you to stand up to them here. You can see there are many other people who have snapped with life and been driven mad in the same way.

Meeting new friends is, despite the stigma, a platform for getting out and about with them. It won't matter to your new friends that you might act strange. This may still stop you going out and about with them, but you can always invite them round at home.

That should help you with being distracted and make you feel safe from the neighbours so you can relax at home. It might help turn it into a safe place once they have gone. The day centre should become another safe place to be in which will help calm you down further when you are there.

More than this it should then have an emotional feel being there. The staff as in hospital should have a family and affiliative role and as with being on the ward you should end up regarding the day centre as home from home. This will add to the therapeutic feel about the place.

Like going down the pub the day centre will have a similar atmosphere. People are there to see each other and have a good time. No one is left out and you will quickly absorb the feel of the place. That should help break the ice conversationally as you become part of things.

It helps to keep your brains working. If you can calm down at the day centre and having your new friends around, then you can concentrate on things like writing when at home. That should calm things down further and have knock on effect for keeping busy.

It doesn't have to be anything educationally difficult such as doing day centre courses. It might just be something simple like watching a movie or listening to music which can be very soothing. It is also then possible practice yoga or Pilates at home which should help with the remaining anxiety.

I found during an acute stage chatting in the usual way was still keeping interested in life. My friendships meant I hadn't given up on life with this emotional support. That lead to reading and studying which was also interesting. It kept me motivated and functional.

All the same the emotional support is only half the equation and there is an equal need to stop you vegetating, which is a good feeling. Just as you will enjoy the soothing friendship side of the place you can get your brain back in gear and then you are able to talk about the courses too.

This has a role to play when in hospital as the incarceration may have meant giving up your job. Becoming part of the education system could fill the gap here. It will make the depressing unemployed confines more motivating and stimulating. This will be there for you on discharge.

The day centre will provide a large variety of courses so there should be something for everyone. They can address a wide variety of service user needs including relaxation, personal growth computer skills and exercise. This to name but a few and each has a different role to play.

The relaxation classes will help you calm down at the day centre. So, in time you will be more receptive to the feel of the place. It will help make the centre a safe place and will again open the emotional tier of the Maslow tree. So, to start forming the group you will become part of.

That relaxation should help you concentrate and then it might be more possible to do an academic course there. This should distract you even further and might help remove any residual anxiety you may still have. Having a similar interest in the subject will make for better conversation there.

Computer skills have been taught at my day centre for many years. Leaning this could give you the confidence that you might get back to work. If you can do this these skills should be very empowering because they are in high demand. They are good for inspiring hope.

It should in turn may give you some confidence that you have achieved something, particularly if you have passed the exam for something. In particular you will have learned something new which is a good thought. That can then be combined with the confidence classes on offer at the centre.

If you trust the people at the centre, you could rely on them for getting out and about. They can reassure you that you are safe. That will open the door to doing exercise when you are paranoid about the people outside as there is someone who can come with you.

These are all important thoughts for dealing with the illness and can be included in a pleasure diary. Again, the centre will have these ways of dealing with life stresses with the illness and might prevent such frequent relapses, to keep you out of hospital.

The activities are vital when you first get to a day centre as they can be done immediately and before you get a chance to make new friends. That happens slowly so other source of therapy are necessary at the outset. This will keep you distracted enough before you find your social group.

The feel of a day centre is very like the experience of moving to a new area where you don’t know anyone and are starting again with life. There is both the opportunity to study and have social interaction. It is a new experience for the student as is becoming a mental health service user.

As with being a patient you quickly get used to and start enjoying the course work as you will all have a common interest in education. In addition, you need to find something else other than study and the day centre can provide leisure activities like guitar lessons or digital photography.

The leisure side may come later as there may be limited choice for this at a day centre. That is where your group of friends may come in handy as you can spend your leisure time with them. Then you can have time outside of the class when concentration for this is limited by the illness.

Sadly, day centres have some limits with all this as there are many things that are not on offer. In my case the leisure interests including archery and target shooting which was what I was most interested in were not available. I had to have an open mind and try something new. This helped a bit but not completely. All same I still enjoyed doing the information technology quite a bit.

So, you are able to make new friends with common interests. Everyone is thrown together from many different backgrounds and meeting someone new is very engaging. Still there has to be something to talk about other than the illness. Here the education can help again.

All this is vital to the transition when moving out of sheltered in the same way as being discharged from hospital. Going to the day centre can motivate you and having your friends round help to keep more functional. During the time in between episodes and you are at home this will cheer up and feel more like doing things.

That should reduce the possibility of relapse and the need for going back to hospital. If it happens a second time your new friends will come and visit you. Otherwise, you will have established a group feel at the centre then the time off the ward will still be done within a community more so.

This could be classed as therapeutic leave as you will be supervised by day centre staff when off the ward. This is important during the acute stage of the illness when the need for the emotional support is at its greatest. The ill people on the ward will not provide the same level of therapy then.

As when at home when being on the ward the symptoms will come and go. So, you will know that when they wear off you can go back to the day centre. Instead of being confined in between there is somewhere soothing to go that will take your mind off things.

When in hospital that should give you a rest from the pressure of being on the ward and help with being able to calm you down. This will reduce stress, so you don’t snap so easily. So, the psychiatrist might allow you time at a day centre eve when there is a need to keep you under observation.

During an acute phase the times in between become very important. There is a need to know that things will still return to normal. The confines of the ward may prevent this feeling of wellbeing so the day centre might be the only answer to stop the anxiety about the next relapse.

The best thing to do during these times is to go home or go out into the town centre. Yet this carries the risk of relapsing where there is no help. Importantly the staff at the day centre can ring for help during a crisis which means it is the only change of scenery available.

The change is as good as a rest, but day centres can amplify this again. The place seems like home from home when the family/affiliative role is not practised in hospital. It gets you out of the institutional confines of the ward with this feeling it lets you settle into life being back there.

At the worst times in hospital I had chronic low mood with the suffering. This meant not being allowed off the ward. I was a danger to myself through feeling so low. Yet going to the day centre cheered me up in many ways so life didn’t seem to be all suffering with things all the time.

If I started thinking suicidal thoughts, it became apparent that the set up at the day centre could distract myself from this by engaging in soothing distracting activities and conversation. So, when back on the ward and feeling low these suicidal thoughts could be dealt with.

That eventually meant I could be allowed out on my own as even with the acute phase I wasn’t a danger to myself. Then I could go shopping or eating out and keep a hospital pleasure diary here. Most importantly I could go home which was a tremendous therapeutic break from being on the ward.

This was understood by the psychiatrist who let me out once each day. It reduced the need to escape the hospital which in many ways was making things worse. The stress release meant I could bear up to things back on the ward and with the illness, so the acute phases became less severe.

Having been allowed home and with getting out and about that meant I had a source of therapy outside the hospital. That had the effect that I wasn't totally reliant on the support I had in there and didn't become so institutionalised. That eased the stress of being discharged and helped prevent another relapse on being discharged.

That was the most therapeutic part even when the ward and the day centre still had a homely feeling. I had a sense of belonging at home as I had put down roots there. It was a tremendous relief to be back in my own place where I had been able feel a sense of belonging.

Being allowed home meant I could cook, clean and tidy my place up. I became functional again and not reliant on everything being done for me as in hospital. I still felt the neighbours were spying on me but keeping busy in this way took my mind off things.

Instead of being totally reliant on the nursing help I found I could rely on the day centre staff in the same way. This was supplemented by support from the friends I had made there. All this made me less dependent on family whose time was limited and again made me less frightened of discharge.

I felt safe at the day centre and on the ward as the contact with the other patients and service users meant I wasn't paranoid about them. But what would happen with neighbours when going home? I was able to spend time there with my day centre friends as well as my family which distracted me.

Then the conversation would prevent me being paranoid about being spied on and I knew on discharge my friends would come round to aid with the other ways of keeping busy. This was vital to breaking each day up and helped fill in the time when there was nothing else to do.

Eventually when these coping strategies began to work, I was able to go out on unsupervised leave. This meant being able to go to other places and share my experience with my friends. That included shopping, eating out and other ways of living it up. I could also go on my own.

Again, this had a cheery effect on my low mood and allowed me to do things which were not available at the day centre. That again made the pressure of being on the ward easier to deal with and helped enjoy the otherwise depressing time in between the psychotic episodes.

Instead of being institutionalised and confined I began to enjoy life as normal which was difficult compared to being on the ward. So instead of been frightened of discharge I began to look forward to it as I realised there were other ways of dealing with the paranoia.

The social contact with your friends was also important if the anti-depressants didn't work. They could be compassionate towards you which would soothe the schizophrenia causing the low mood. When back at home with time on your hands as there was when on the ward 24/7 this could stop you dwelling on life with the paranoia.

My hospital pleasure diary became greatly enhanced with all of this as I wasn't so depressed by staying on the ward all the time. There was little conversation with the acutely ill people and the busy nurses. Yet this became balanced by being with my friends, so the ward was more bearable.

During my acute phase I realised how lucky I was to have a group of longstanding friends around me. I had best friends and friends for life. That feeling of belonging to a group was sustaining for me as I felt so cared for. Then even during the worst schizophrenic suffering I didn't have such low mood.

The unsupervised leave was gradually seen to be working and further aided in preventing a depressed relapse. Eventually I could come and go as I pleased so I felt much less confined. I didn't mind spending time on the ward as If I got sick of it, I now had plenty of choice of other things to do.

So, the important thing with the day centre and my new friends there was that it helped on my second admission to hospital when things were at their worst. That speeded the whole process of treatment up, reduced the time I spent in there and got me home earlier.

Being allowed out for long periods created a sense of freedom in my treatment that I wasn't locked up all the time. That reduced the feelings of not being confined on the ward and allowed me to put up with them longer. I was eventually discharged before I got sick of the place.

The freedom was then very important for my hospital pleasure diary as when during the acute phase when things were at their worst. At these times intensive therapy was needed the most and the psychiatrist had to trust me to be safe when let out. Being supervised at the day centre was best.

Progressively I was let home more and more which helped as the admission got longer and longer. Being at home after the day centre increased the feelings of freedom more and more. Again, this gradually prepared me for discharge as I knew I could continue the same pleasure diary there when let out. There is no place like home as the saying goes which was a very therapeutic thought.

After being in hospital the best thing to do after the acute phase is to take a short holiday. Then to live it up as much as you can including being away somewhere else. The hospital confinement and acute stage of the illness means you need a long rest to make sure that life gets back to normal.

Having just been let out you have to be careful with this in case you relapse. Yet going places with a friend means there is someone with you who can ask for help. Though as with independent living this is always going to be available. So, it has the same degree of risk. It is best to get a psychiatric opinion first before going further afield.

Where this therapy is not immediately possible your group of friends will know what you have been through and that you require extra support when out. They will rally round you until they feel better and can cope with life after the admission until you feel better.

Often when discharged people will be dependent on day centres for social contact but if you are new to the system there could be problems here. Even if not released into a project there are going to be needs for such a group to form. The problem is there may not have been time for this.

Like being discharged into sheltered accommodation if the group of friends has had time to grow it should be the same set up even if you live independently. There is still staff at a day centre like there is at a project, but you might be much closer to your day centre group than with the other residents.

In sheltered you have a link worker who is assigned to you individually, so they get to know you better. Yet in time your group of friends will do the same. Then you are not so reliant on the help. This will mean when moving out of the project you have the same level of support.

The advantages of being part of a group will mean you can have your own place with enough people around you do not to feel socially excluded. Yet it may take some time to get to know your friends well enough to get to this point. So, when moved out of group living there may be no backup for a while.

In particular you may lose your link worker if moved on as you will lose your named nurse when discharged from hospital. That is where your best friend comes in. It is possible that the emotional support can continue at the same level with someone who knows you just as well.

Eventually with your day centre friends you will have managed the transition out of hospital or out of the project. Once it becomes your safe place you will start to identify with living there. It will become your own home and you will start putting down roots once more.

Then you can have the best of both worlds as you can enjoy having your friends round and enjoy where you are living when on your own. Then like living in the project your will have time for yourself in your own space and then you can have people round when you need company.

The downside when depending on your day centre friends is that even with a group of them the social contact is not 24/7. In the project there were staff and other residents to depend on as and when you needed them. Being moved on meant you were spending time on your own.

One answer to this with having been in a group of people is that there is still a lot of contact even so. It might be possible to ring them if you need a chat. Then that frequency of being able to talk will mean you just have to get through the worst time knowing you can see your friends later on.

Moving on may still mean there are problems leaving the house and the day centre might be the only place to go. Then having your friends round becomes very important as you cannot distract yourself by getting out and about. This another lifeline as it breaks up the time around the house.

Conclusion

Day centres are vital to mental health care as the system can provide care and support in the ways the system cannot. They provide an important venue for social contact and keeping busy. This will aid with in being admitted to hospital, being discharge and eventually for getting your own place. Then life will get back to normal and your mental health much improved.