GETTING TO KNOW YOU

DAMAGE CONTROL EXERCISE

1. Some facts, although incomplete and only partially understood, are beginning to emerge.

2. A group of N.M.H.A. Staff met together and with individual inpatients with a view to the patients discharge from hospital and placement elsewhere.

3. Psychiatric medical input to the group was insufficient to ensure that medical and health matters relating to patients were given due priority.

4. An original longer draft of the groups report was shortened and some remedial material added by the Chairman of Division and Unit Administrator. The resulting document is known as the Getting To Know You Consultantion Document, July 25th, 1984. (GTKY)

5. GTKY was discussed by the Psychiatry Department Planning Committee on October 15th, 1984.

6. Prior to within Department discussion it appears that GTKY had already gone to Authority, Region, D.H.S.S. and media.

7. From the October 15th Discussion it became clear that a number of senior Psychiatry Department staff have substantive objections to parts of GTKY, and also a number of negative observations.

8. Objections to GTKY include:

   1. Incoherent, muddled, style of prose deriving from a mix of models and multiauthorship.
   2. Lack of definition of term.
   3. Insufficient distinction between facts and moral or doctrinal judgement.
   4. Omission of essential medical data.
   5. Misrepresentation of medical data that is given.
   6. Omission of consideration of individual psychopathology and the natural history of mental disease.
   7. Managerially deficient conclusions.

9. Observations on GTKY include:

   a. Promulgation of the document brings no real extra money for patient services to the Department of Psychiatry.
   b. At best the document is a weak and vague statement of part of what the Department has already been doing since 1974.
   c. The document as a whole is so bad it may bring the Department and the N.M.H.A. into physical disrepute.
   d. That distribution of the document might influence policies of staffing on certain wards and teams in ways that could and should be implemented anyway is not justification for it's distribution or adoption as "policy".
   e. Attempts at service provision based on this inadequate document if unsuccessful might damage existing hard won gains in the quality of mental health care for the patient.

GTKY

DAMAGE CONTROL EXERCISE CONTINUED.....

10. As a number of senior staff in the Department of Psychiatry feel that the document as it stands is so bad, there is currently discussion of a deputation going to all the authorities to which it has been circulated, to inform them of deeply held objection and there is also discussion of submitting a refutation of the document to the media.

11. Although it may come to a point when individual professional conscience determines disclosure, it has to be said that an attempt at complete suppression of the document would be likely to cause difficulties for our own Authority, and in staff relationships.

12. A suggestion has therefore been made that a very substantial revision of the document might save the day. This will have to be done very urgently. Hence the term "damage control exercise".

13. For professional credibility and practical viability the document will have to be purged of its muddled style, wooly generalisation, and variegated doctrinal statements. The deleted material will have to be replaced by usable FACTS.

14. FACTS which we need are:

(1) physical medical data on each of 180 patients.
(2) psychopathological and natural history of diseases of 180 patients.
(3) mental patient usage of existing community provision.

15. LOGICAL PREDICTION might then just conceivably be possible about the discharge potential of each of the 180 patients given any possible enhancement of community provision.

16. SUMMARY

The major areas of criticism are:

i) conceptually loose and unclear.
ii) underlying assumptions not made explicit.
iii) ignores major needs of patients i.e. psychiatric/medical and data presented is clearly inaccurate.
iv) patronising and offensive tone. Also ignores past and current endeavour.

17. Assumptions underlying any rehabilitation programme.

Aims at most full and interesting life possible for any individual within constraints of physical and mental abilities.

Acceptance that living outside hospital is not necessarily the best option for all patients.

First moves include: full assessment of each individual, including disabilities and assets and potentialities.

General ↑ in therapeutic atmosphere of hospital.