

## **Structured summary: A pilot research project; Educating psychiatric patients to better health.**

### **Abstract:**

This summary describes a pilot action research project implemented at the psychiatric department, the University Hospital in Akureyri, Iceland. The time frame was three years. The main objective was to develop educational, psychological methods with the aim of improving the patients' psychological health and well-being and to explore new methods of integrative therapy. The project group consisted of 18 patients/students. The majority improved. The project was found meaningful and successful by most patients and the whole staff of the ward. The project might inspire further scientific work in an area that seems to be relatively unexplored.

### **Historical background:**

In 1984 a new psychiatric department was inaugurated at the University Hospital in Akureyri, Northern Iceland. Two years later preliminary neuropsychological assessment had revealed a considerable amount of diverse cognitive, intellectual and education deficits in the patient population. In discussing these facts the idea of a research project into new treatments methods was born. A rudimentary project conceived by Dr. Arnar Sverrisson, the main objective of which was to explore psychological/educational methods in the treatment of psychiatric patients, was presented to the regional Educational Authorities. It was approved and supported by the consultant of special educational affairs, Ph.d. professor Kristin....., who submitted an application to The Ministry of Education who consequently decided to support the project as well by means of funding a special teacher post at the department for a period of three years.

### **Methodological approach:**

The methodological approach chosen was action research, the core of which is providing as much feedback as possible to every new step in the research process and thereby eventually alter or correct its course. This approach comprised a diversity of assessments, quantitative and qualitative techniques, such as; objective psychological test instruments, psychopathological check lists, diagnostic interviews, and educational check lists and a variety of tailor made assessment tools. Psychometrics and descriptive statistics were used.

Changes were recorded by means of educational and psychopathological measurements according to a before and after design. Moreover a weekly assessment was performed according to a treatment plan by the staff and the patient.

## **Theoretical research:**

Using relevant search words Dr. Sverrisson undertook with assistance from the a scientific librarian at the University/Hospital Library an online database search in the the prominent databases Medline and Pscyhlit. No articles of relevance to the project were found in the last thirty years.

## **The target group/assessment:**

A group of 28 patients, comprising 18% of admitted patients in the years 1987 to 1989, underwent a comprehensive assessment along the lines described above. Based on a neuropsychological, psychophthological and educational assessment the target group was defined as follows:

- A. Patients with general intellectual deficits and learning disability (IQ under 90 or percentile under 25). Number: 16.
- B. Patients with a particular intellectual disability or learning disability in certain areas. Number: 5.
- C. Patients suffering from unsatisfactory schooling, i.e. those demonstrating defective knowledge of the elementary subjects such as reading, arithmetics and writing/spelling. Number: 3.
- D. Patients with degenerative intellectual profile or profiles otherwise indicating long term lack of stimulation. Number: 4.

Moreover the assessment comprised:

- 1) Cognitive function as manifested in daily activities at home and in the ward.
- 2) Educational motivation
- 3) Support from the family and network.
- 4) Psychological robustness Geðheilsu og álagsþol út frá geðlæknisfræðilegum forsendum.

## **The project group:**

Grounded on the above assessment the project admission criteria were put up as follows:

- 1) The patients categorized into groups A to D.
- 2) Schooling is limited or results inferior.
- 3) Educational motivations is present.
- 4) Conditions at home are favourable and support granted.
- 5) Psychological stability is satisfactory.

The project was presented to the target group; six patients accepted to participate in the programme each each year from 1987 to 1990, consisting of patients in the age range 20 to 50 years.

Patients suffering from dementia were excluded from the project.

Women outnumbered men 14 to 2 in the project group.

The age distribution in the preliminary group was 17 to 91 years and in the project group 20 to 50.

Most of the patients/students had varied educational background; most of them had not finished elementary school.

### **Implementation/organization/syllabus:**

The curriculum was tailor made for each and every student based on his psychological, educational profile and perceived needs and interests.

The principal educational objective was to improve the psychological health of the student, improve the mastering of his life, improve his ability to adapt to society and to acquire the necessary knowledge to enable the utilization of public services and the health services in particular.

Moreover emphasis was put on increasing the general knowledge of the society in which he lives, enhancing common judgemental ability and comprehension and thereby strengthening the confidence and the image of himself.

The period of teaching extended from two to nine months but usually the patients were admitted for a period of three months, receiving integrated special education.

Normally each patient attend five classes a week during sixty to ninety minutes each.

The educational curriculum was integrated into a comprehensive treatment plan made in a dialogue between the patient and the staff.

The treatment, integrated as well as dialogical in nature, were based on the following four main principles:

- 1) Individual teaching.
- 2) Individual cognitive and supporting psychotherapy.
- 3) Daily training in selfassertiveness training in the ward, the fitness localities and the occupational therapy.
- 4) Minimalized use of drugs.

No particular emphasis was put on medical diagnosis.

Each patient enjoyed the care of a particular group of staff continuously assessing and planning the treatment programme according to the incoming research feedback

The evaluation of the projects was regularly supervised by the project group made up of the academic staff.

## Results/discussion:

Supported by the objective assessment accounted for above the ultimate assessments of results were as during the process, dialogic in nature. The taxonomic categories and numbers of students are as follows:

- I. Students that have shown considerable improvements on educational and psychopathological measures, who have improved their adaptability to society and shown considerable improvement in mastering their lives. Number: 4.
- II. Students that have shown some improvements in adaptability and mastering as well as in terms of education and psychopathology without though having made enduring changes in their lives. Number: 5.
- III. Students that have enjoyed the schooling, have changed their self esteem for the better and are more optimistic about their future than before. Number: 2.
- IV. Student that generally have shown poor improvement. Number: 2.
- V. Students that dropped out at an early stage and showed absolutely no improvement. Number: 5

Three students of eighteen dropped out.

Results of the different subgroups of the project group based on the fifteen students that completed the treatment, were the following:

	I	II	III	IV	V	Number:
A	2	4	1	2	1	10
B						0
C	1		1		1	3
D	1	1				2
Number:	4	5	2	2	2	15

Nineteen of the fifteen students who completed the programme did show considerable or some improvement within the assessment areas mentioned above. Moreover two of the group have been able to make constructive uses of the programme. That is very encouraging indeed. It is quite interesting to notice that the two patients that at the onset of the programme had the least objective capabilities managed very well.

Unfortunately there is a remarkable poverty of research in this line of investigation making the results relatively uncomparable in objective terms. Nevertheless the impression based on many years of experience is that psychiatric special education is quite meaningful and beneficial to this group of patients.

## **Conclusion:**

In general the results of the pilot project are encouraging in terms of treatment results and the process as such. The action research method proved useful in this line of research maximizing the improvement of the education-psychiatric therapy. A vast majority of the project group improved and found the project meaningful and beneficiary to them.

A conclusive assessment is due to poverty of reserach in this area difficult if not impossible to make. Statistical analyses beyond descriptive statistics are meaningless due to the very modest size of the project group. Nevertheless the hope is, that this pilot project might inspire to similar projects on a larger scale to the benefit of a group of patients who seems to be overlooked in the psychiatric services.

The truthfulness and the authenticity of the above summary is hereby attested to by the following participants of the project described:

Title/position/name/address/telephon number/date: