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Trainees' forum

Current affairs group: a clinical tool!

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Current affairs groups are run informally in a number of psychiatric wards, both acute and chronic. They are mostly arranged by the nursing staff and occasionally by an enthusiastic senior house officer or registrar. The goals may be positive such as to stimulate, generate discussion, and encourage understanding and tolerance. Sadly, some groups develop with the negative aim of 'just having to do it', as a 'traditional' part of the ward programme. We realised from our training years that a current affairs group could be a clinical asset on an acute admission ward if it was run with the following objectives: improved clinical assessment, especially of patients' mental state, and improved understanding and better relationship between patients and doctors.

The study

We were working on an 18-bedded acute admission ward for a deprived, multi-ethnic, inner city catchment area of approximately 35,000. The group ran for six months, coinciding with the rotation of SHO/registrar training scheme. It was a voluntary, informal and an open group which lasted 30 minutes. It was held weekly in the ward day room and apart from ourselves and the patients, was also occasionally attended by medical students and nurses.

Television and one local newspaper was the only source of current affairs. It was rare for the patients to buy their own newspaper.

At the end of each group we completed a semi-structured observation sheet. Its headings included clinical diagnosis of the patients, their interest, motivation and participation in the group; their ability to concentrate, attend and listen to others; their level of orientation, social skills and general knowledge. We also wrote down their overall impression of the session and our understanding of why some patents had not attended the group.

Over 90% of the patients were admitted with affective disorders and psychotic illness. One patient suffered from Huntington's Chorea, two from alcohol dependence and one probably had personality disorder. The patients were invited to attend the group each week and reminded about the meeting on the morning it was held. Attendance at the group varied over the six months, the average number of patients attending being approximately 50% of the total ward population.

The main reasons for not attending were being too ill, too sedated, or very tired. Some lacked motivation and interest, others preferred going to the hospital finance department or sorting out other social concerns, probably more relevant to the patients at the time.

Findings

General behaviour

The patients had widely differing levels of attention and concentration, some were suffering with acute psychoses and some were on large doses of neuroleptics, whereas others were much less impaired or disturbed.

In most sessions each group member was able to participate in some way and the presence of doctors did not seem to inhibit the topics discussed. However, on one occasion a patient read a book throughout and on another, a patient turned his back on the group and stared out of the window the whole time.

Generally the patients allowed each other to contribute a news item, or express their opinion even if their discussions were confused by disturbance of perception or thought processes. They did not challenge each other or ideas that were obviously generated by the mental illness. The patients showed mutual respect and tolerance for each other's illness and generally ignored an individual's incongruous affect, or inappropriate behaviour as a result of hallucinations.

The group tended to be led and sometimes dominated by the least ill patient, for example a patient admitted for alcohol detoxification. The hypomanic patient would be keen to direct and take over the discussion in a grandiose and self important way.

Talk/thought content

A group situation tended to disinhibit the patients and, although they talked about current affairs, the content reflected thought disorder, grandiosity and

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paranoia. Some schizophrenic patients were able to control their florid psychotic symptoms and talk appropriately. Although the hypomanic patients understood the relevance of the group they needed to be interrupted when they got off the topic. When the patient's attention and concentration changed to a current affairs topic, it was revealing to pick up the depressive content and psychotic element of the mental state. The talk of the patients also gave insight into their personalities and their views about the world, for example a patient with alcoholism or personality disorder would blame the outside world.

Despite limited access to news sources, the patients surprised us with their knowledge and opinion of the outside world. The topics ranged from the workings of the hospital and treatment programmes to Nelson Mandela, environmental concerns, views on abortion etc.

Cognition/mood

The group had poor attention span, and it was remarkable for the group to last 30 minutes, although it improved as the weeks went by. Some schizophrenic patients surprised us by their ability to concentrate and comment on current affairs. But we were shocked by the few who were quite disabled in social situations, a point not picked up in a one to one inteview.

The hypomanic patients had understandably more to say than others, but poor ability to listen with concentration to others. Although most of the patients were acutely ill they made an effort to talk. The mood of the group was generally that of anxiety and agitation and at times it became angry and restless. Disorders of mood were easy to recognise in a group setting as they reflected the severity of the illness and the resulting disability. It is highly probable that this may be a reflection of individuals' insight.

Comment

When we started the group it was disorganised and chaotic with patients pacing up and down, interrupting others and not able to listen or concentrate on a topic. We had to play an active part to stimulate discussion with introduction of current affairs topics and help the patients discuss and give their opinions. After two or three weeks the hostility towards the staff subsided and general discussion was easier to stimulate. We were initially disillusioned by the state of the group, but soon got used to its extraordinary nature and found it quite helpful as a clinical tool. It gave us another opportunity to observe patients in a different setting and a weekly place where we could monitor changes in mental state. We were quite struck by the general lack of interest in current affairs, general knowledge and pessimistic outlook for the future of the world.

The group provided patients an informal setting to sit with their first-line doctors and talk about current affairs rather than illnesses. It gave us the opportunity to listen to our patients as human beings and respect their views about different subjects. We felt the group helped improve rapport between patients and doctors.

One needs to be prepared to run such a group and expect disruptions, interruptions and chaos. One readjusts to the temperament of the patients and learns to be tolerant and how to manage the situation without losing the cohesiveness of the group. We felt it was a rewarding experience which gave us added information about the patient's mental state, personality and, above all, we felt much closer to them.

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Further reading

Morgan, R. (1979) Conversations with the chronic schizophrenic patent. *British Journal of Psychiatry*, **134**, 187–194.

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