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Editorial
Inpatient groupwork

This Special Issue of the journal Groupwork is dedicated to inpatient groupwork. There have been other themed issues of the journal such as Volume 11 (3) and Volume 12 (1), which were also published as a book (Manor, 2000) and Volume 13 (3), on groupwork in mental health. This issue is the first to concern itself exclusively with one specific branch of mental health care, namely acute inpatient care. The five papers that comprise the Special Issue were presented at a groupwork conference. The organisers, Jonathan Radcliffe and Katja Hajek, wanted to increase the profile of inpatient groupwork within the South London and Maudsley (SLaM) NHS Foundation Trust. This is one of the largest mental health trusts in England, and via the Bethlem Royal Hospital, can trace its history back over 760 years. All five conference presenters agreed to contribute a paper to this Special Issue. As guest editors, we were fortunate to have all the papers reviewed by Dr Oded Manor, a previous editor of the journal, and a mental health groupwork specialist.

In Britain, as elsewhere in the world, there has been a move away from asylum-based mental health care, towards care in the community (Leff, 1997). This has led to the development of a range of teams to support patients when they are living at home. Most services in England now have home treatment teams, crisis resolution teams, early intervention teams, recovery and support teams and assertive outreach teams. The main goal for many of these teams is to reduce admissions. Undoubtedly, the focus on developing community teams has led to the relative neglect of inpatient care. The priorities may now be changing as it is becoming obvious that community care cannot

fully act as a substitute for inpatient care. The Department of Health for England and Wales stressed that, 'improving adult inpatient care … is a priority National Service Framework target' (Department of Health, 2000).

In recent years the profile of inpatient populations has changed. Ward staff have to deal with more seriously disturbed patients, many of whom have been compulsorily detained. A comprehensive report from the Sainsbury Centre for Mental Health highlighted several specific problems with inpatient care (Garcia et al, 2005). These included recruiting and retaining staff, poor training provision, lack of investment in infrastructure and safety issues. Psychosocial interventions were routinely available on only 35% of wards. The main mental health professions providing groupwork on the wards were nurses and occupational therapists, followed by psychologists and psychiatrists. Social workers would appear to be the profession least involved in ward-based groupwork.

Numerous reports have highlighted the absence of therapeutic activities on wards (Department of Health, 2002; Sainsbury Centre, 2002). On many wards for much of the time, patients have little to do but stay in their rooms or sit around the communal area. Although there are plenty of people around, interactions are often fleeting and contact superficial. Patients may form meaningful relationships with caring professionals and fellow patients, but not necessarily. It is by no means guaranteed that anyone will engage with them sufficiently to make sense of what led up to the admission other than that they have become ill. A survey of 16 acute inpatient wards provides a detailed picture of the amount of groupwork which took place in six hospitals in South London (Radcliffe & Smith, 2007). On average only 4% of patients' time was spent in group activities. Weekly whole ward 'community meetings' were held on most wards, but only five of the 16 wards had any other type of talking group. Inpatients spent most of the day 'socially disengaged and mainly inactive.' The authors conclude that a 'culture of participation' is needed on the wards, with more groups provided and staff reinforcing the message that attendance at group activities is a key part of treatment.

There are many voices advocating the need to make acute wards more therapeutic. The Star Wards initiative (Department of Health, 2007), is full of practical ideas for improving the therapeutic

atmosphere of acute wards. It was inspired by a service user (Janner, 2007), and provides a list of 75 specific activities to improve the inpatient milieu. The Department of Health Guidelines on 'Adult Acute Inpatient Care Provision,' stress the importance of the therapeutic environment on inpatient wards in reducing disturbance, violence and boredom (Department of Health, 2002, p.13). The recent development of increased interest in this area has led McGeorge and Rae (2007) to suggest that 'inpatient services are poised to make substantial improvements. The level of top-down and bottom-up support is unparallelled,' (p.261).

Providing groupwork in acute inpatient settings is a challenge. The way that many wards are organised does not support the running of groups. For instance, many patients may be in bed during the day whilst others may have gone off the ward at the time of the group. Some patients may be too unwell to attend and others may refuse to come. There is a constant throughput of patients, many of whom may attend a group only once or twice. Groupworkers can easily become demoralised when patients do not want to attend, staff do not remind patients about groups, or patients walk out of sessions. For these reasons, the enthusiasm and commitment of the groupworkers in this Special Issue are to be commended. Engaging patients in talking and thinking about their problems is a goal worth aiming for and can bring surprising rewards, as the papers in this Special Issue show.

The first paper in the Special Issue is by Katja Hajek. She illustrates how Yalom's Interpersonal Group Therapy can be applied on a busy admission ward. The second paper by Sue Grey, has adapted the long established problem solving approach of D'Zurilla and Goldfried to ward groupwork. Sue and her colleagues have developed 25 problem-based scenarios that cover many typical problems likely to be faced by the patients on her ward. Jonathan Radcliffe and Debora Diamond describe inpatient groupwork based on the psychodynamic model. They demonstrate how patients' problems can be understood within a dynamic framework. Bob Harris shares his personal experiences as a group analyst working in two different inpatient wards, separated by almost three decades. He argues that for groups to be truly effective, they need to engage with the whole staff and patient community. Finally, Adam Jefford, Bhupinderjit Kaur Pharwaha and Alistair

Grandison describe a model of groupwork, where the first author acts as consultant to the groupworkers. While all five papers address the issue of inpatient groupwork, we hope that groupworkers, whatever their orientation or setting, will find helpful food for thought in this Special Issue.

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and
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