

RETURN FROM HOSPITAL: HOW CAN I SUPPORT MYSELF

MODULE 1: RECOVERY

Meeting 2: basic structure

HOW CAN I SUPPORT MY RECOVERY DURING HOSPITALISATION?

Objective: The main message is that the time spent in hospital can be used to recover and prepare for the time after discharge.

Programme	Instructions	Time schedule	Conditions and equipment, notes
Welcoming	Welcoming, introduce the trainers and context of the group (see recommendations for the opening of the session in the Guide for trainers).	5-10 min	
Group agreements	Recall and add if necessary (see recommendations for creating safe atmosphere and group agreements in the Guide for trainers).	5-10 min	
Warm up and introduce each other	Warm up exercise and mutual introduction: „A ball (of wool, yarn etc.)“	5-10 min	Equipment: Ball (of wool, yarn etc.) made of soft and pleasant material



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CENTRUM PRO ROZVOJ PÉČE O DUŠEVNÍ ZDRAVÍ
CENTRE FOR MENTAL HEALTH CARE DEVELOPMENT

We're sitting in a circle. The trainer holds a ball and introduces himself. He explains that we are going to send the ball rolling on the ground. The person who is holding the ball at the moment:

- He's going to say his name
- Has he been last time?
- What is he coming for today?

We may ask:

"What did you take away from the last meeting?

What brought you here today?"

We encourage participants to answer, appreciating their involvement.

In case of a smaller group, the sending of the ball can be divided into three rounds. First send a ball and introduce yourself, then ask about the last meeting, and finally send a ball with a question for today.

Introduction of the topic

The trainers introduce the topics of the meeting and ask the participants which one is the most compelling for them.

The topic can be stated as:

"Today we're going to talk about how staying here in the hospital helps your recovery. People perceive their stay here in different ways. We will be interested in your experience. Together we will think about what you can do for yourself here."

Main topic
1. part

Objective: To help participants realise that a hospital stay is one of the phases of their life that is bounded by admission and discharge. To give space to their perspective on their hospital stay and encourage them to be positive and proactive. Reduce their guilt about ending up in hospital. Encourage them to use the care, support and facilities of the hospital for the benefit of their recovery.

1, A hospital stay has a beginning and an the completion

We introduce this by saying that we can think of time in the hospital as a string. One end is admission to the hospital, the other end is discharge. The string can be long for a longer stay or short for a shorter one. Encourage participants to cut the string from the ball as they wish. They will choose the length of the string based on how they see the length of their hospital stay.

Participants place the string on the ground in front of them. The trainers ask the participants:

- When were they admitted to the hospital?
- When (do they think) they'll be discharged?
- What part of the string are they in now? Just at the beginning, somewhere in the middle? Are they nearing the end?

Participants can mark their current position on the string with a knot. They can then put the string in their workbook and come back to it later to see how they have moved.

20-30 min

Equipment:

- Ball (of wool, yarn etc.) and scissors*;
- flipchart + markers (or large sheet of paper);
- photos from the hospital environment (without people, with the hospital's permission)**.

Optional equipment:

- pins to mark the start, end and current torque on the string (the string will not twist on the ground)

2, Hospital stay is one part of the road to recovery

The trainer draws an imaginary path to recovery on a flipchart. On the path he marks the part that represents the period of hospitalization. He/she will explain that the stay here is one part of the road to recovery, which was preceded by something and will be followed by something after discharge.

For example:

"A lot of people in the hospital are dealing with why they got here and how to do it so they can be discharged. A lot of people deal with how to function in a hospital environment.

What was the situation that got you here?

What happened before you were admitted?

How do you explain it?

How do you take it here?"

Trainers create time for discussion, encourage and appreciate participants for sharing.

The next part of the discussion about the hospital stay as a time-limited stage of life can be introduced by the trainer in words:

"You can also look at the hospital stay as an episode in the series of your life. Some episodes preceded it, others will follow. One can use the time here to process things from the past or to prepare for the next life. It is also here that one can discover what brings one a sense of security, relief or pleasure. How can you use the hospital stay for yourself?"

* If it would be inappropriate to work with strings and scissors in an acute ward for safety reasons, strips of (coloured) paper, paper tape measures from Ikea or crepe paper can be used in the same way - these can then be torn off.

** Suggestions for photos from the hospital environment:
café, creative rooms, club, central workshop, visiting room, smoking room, TV room, courtyard, sports ground, places in the park, shop, hippocentre, church, benches, room, tree, chair, etc.

If we don't have photos, these places can be written on cards and used in the same way.

Instructions to trainers for leading the discussion:

- We treat participants' communications in a non-judgmental manner and maintain neutrality. We do not communicate that something is wrong or right.
- We talk about the experiences they have as about their life experience (we do not emphasize the patient's role). We offer participants that they are trying to process this very unusual experience ("dealing with impossible").
- We try to reduce their possible feelings of guilt and shame related to hospitalization. We note that this was a complex situation with more than one cause. And that it can happen to anyone.
- We normalize participants' adaptation difficulties to the hospital environment if they talk about it. A hospital stay may be neither good nor bad. It depends on the situation and point of view. We perceive the hospital environment as a kind of "microcosm".
- If the participant does not agree with his/her stay in the hospital or does not understand the reasons for admission, the lecturers can respond, for example:

"We don't know the reasons for your admission. We just understand that it's hard to be here when one gets here without agreeing to it. Our question about how to use your stay here for yourself may sound inappropriate to you then. On the other hand, even some people who didn't want to be in the hospital at all have ended up finding something to enjoy or find comforting here."

Another possible comparison is to a stay at a children's camp or a convalescent home: when we were little we didn't want to be there, at first we didn't want to be involved in anything, to have fun with anyone. After a few days it either stayed that way or we found friends and interesting activities.

3, Pleasant places in the hospital

On the floor among the participants, the trainers will spread photographs of different places in the hospital. They allow the participants time to look at them. Then they ask them, for example, in the following way:

"During our visit here, we took pictures of various places in the hospital. We were wondering if you have visited them? Is there a place among them where you feel comfortable? Is this place associated with a supportive person? Would you advise us on other places to take photos?"

We put aside the places where they feel comfortable. At the end, we list them and add:

"It's great that you were able to find nice places and supportive people here."

BREAK



<p>Main topic 2. part</p>	<p>1, Peer trainer's story: what his hospital stay brought him</p> <p>The peer trainer offers his/her own experience of the hospital stay, in which he/she can describe how he/she evaluated his/her stay at the time and how he/she perceived it in hindsight. (e.g., restart, grounding, rest, time for self, settling down...). What place does hospitalization occupy in the overall story of his/her recovery? He/she will also describe what he/she did for his/her recovery during his/her hospitalization.</p> <p>Participants can ask the peer trainer questions or share their own similar insights to inspire each other.</p> <p>2, Checklist: What I am already doing for my recovery and what I can do for my recovery now in hospital</p> <p>Participants will receive a worksheet for the second meeting. In it, they can tick the activities they already do for themselves in the hospital or imagine they could do. E.g., to share experiences with other people, to inform themselves about their illness, to rest, to confide in someone about their worries...</p> <p>When participants have ticked, we ask them: <i>“What did you tick? What did you find inspiring when filling it in? Were you surprised by all the things you already do for yourself here? What would they like to try?”</i></p> <p>Trainers encourage participants to work on recovery.</p>	<p>20-30 min</p>	<p>Equipment:</p> <ul style="list-style-type: none"> • Prepared peer trainer story • Worksheet for the second session: <ul style="list-style-type: none"> ´How I can benefit from the hospital stay for my recovery' (part of workbook) • Writing materials (pens and markers)
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Closing the topic and reflection	<p>The meeting can be summarized as follows: <i>"Today we talked about how a hospital stay is one part of your road to recovery. It has a beginning and an end. The time here in the hospital can be used for yourself. What could you do for yourself today after our meeting?"</i></p>	5-10 min	
Evaluation	See the Guide for trainers.	5-10 min	Have feedback forms printed out.
Goodbye	<p>The trainers will announce the date of the next meeting, its topic (meeting 3: How to recognise what do I need and what helps me) and who will be the next trainer.</p> <p>The trainers will personally say goodbye to each participant.</p>	5 min	

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