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'Chronic and resistant symptoms: the challenge of leaving the hospital and regaining the city'

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Learning Goal:

Our care program, called "Edgar Morin", has been developed to specifically meet the needs of patients resistant to treatment, to speak to this "symptom" of resistance to leaving the hospital and reintegrating the city and the shared public space.

Abstract Text:

Our Hospital Unit cares for patients with resistant psychiatric symptomatology that does not allow them to meet the minimum requirements for living in a mental home, protected apartment or in a private home in the city. These patients have severe psychiatric symptoms, which do not allow them to "reclaim" their external life and leave the hospital, resulting in long-term hospital stays. These patients and their caregivers then appear to be caught in "dead ends", with patients appearing unable to leave the hospital. The city seems to reject them, and in a dialogical way, they seem to reject the city. These patients need close and proactive support: we rely in particular on an interdisciplinary assessment of their capacities, needs and expectations. After interdisciplinary discussions involving patients, their families and caregivers, we try to set up "tailor-made" projects that take their situation into account as much as possible. The objective is, alongside the patient, to understand his difficulties in investing a place and a role in the city. The aim is, in particular, with him, and through the creation of an anamnesis of the accommodation, to understand his difficulties in integrating a new place after the hospital, and to try to give meaning to his journey. Reflecting on the "Home" of these patients leads us to visit with them their relationships with their loved ones and with themselves, with their history since leaving their family home. Our objective is to build a sustainable project that respects the patient, to avoid rehospitalisation and hospital "revolving door" phenomena.

We will illustrate our presentation of clinical examples and the first statistical results of the evaluation of the implementation of this new care program.

(Based on the results of two years of activity and the collection of data on 137 stays for 116 different patients).

**ON THE HEALING POWER
OF HUMAN RECONNECTION**