

Psychosomatics in Toronto

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An exchange visit was arranged by Dr Gary Rodin, Psychiatrist-in-Chief at the Toronto Hospital, and Dr Peter Shoenberg, Consultant Psychotherapist at University College Hospital, London, for their respective trainees. Both have an interest in psychosomatic medicine and the exchange was intended to give the trainees an experience of psychiatry as practised in a different country and to develop further links between the two departments. I visited the Toronto Hospital during the last two weeks in February 1993.

Toronto does not operate a catchment area policy and there are several other hospitals both general and psychiatric in close proximity to the Toronto Hospital. Thus the psychiatry department does not have much of a local community but is responsible for providing a service to a

busy general hospital which in particular specialises in transplants, oncology, cardiovascular surgery and neuroscience. This has led to the development of an active liaison service with two full-time senior psychiatrists and one part-time senior psychiatrist as well as four trainees. Such a relative abundance of staff has enabled close working with some of the physicians and the accumulation of a considerable corpus of knowledge, especially the psychiatric aspects of transplantation (see Craven & Rodin, 1992). Interventions are often brief, ranging from aggressive symptomatic treatment of delirium to focused psychotherapy for adjustment disorders.

Sometimes longer-term psychotherapy is offered, such as a mixed medical group, which seems to be useful for patients with a variety of physical conditions whom the medical team find



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'difficult' and end up repeatedly referring to psychiatry. Individual psychotherapy is readily available since it – and indeed psychoanalysis – is free on the province's insurance system, provided it is given by a medical doctor. Self psychology, popular although by no means dominant in Toronto, stresses the importance of physical symptoms as perhaps the only means of communicating distress and that such an inability to communicate emotions directly may not be just due to patients and their histories, but also due to the therapist or physician and how well attuned they are to patients.

The eating disorders, particularly anorexia nervosa, present another area where there is sometimes a need for joint medical and psychiatric management. This too has been well developed at the Toronto Hospital. There are in-patient, day hospital and out-patient facilities staffed by a multidisciplinary team. The innovative day hospital has been running for nine years and consists entirely of group work. The reasons for groups are that patients with bulimia nervosa find it helpful since they are often socially isolated and their eating behaviour hidden; the power struggles around eating are diffused – patients persuade each other to eat; and it is cost effective. There are 12 patients present for eight hours a day, five days a week, for ten weeks. Lunch, dinner and two snacks are eaten during the course of the day. Groups are wide-ranging including body image, cooking and sexuality. Evaluation of the day hospital suggests the intensive programme is successful, with a good outcome (no bingeing or purging) for 56% of patients with bulimia nervosa around discharge and for 46% at two years (Maddocks *et al*, 1992) although many patients go on to have considerable further, usually individual, therapy after discharge.

A more recent development in the department has been the emergence of a women's health programme. This has three areas which are general issues, such as self-esteem, being a wife or mother, and having a career; violence, that is survivors of rape or child sexual abuse; and psychosomatics, which involves psychiatric aspects of pregnancy and gynaecological illnesses. Mostly the team, predominantly female although including a male trainee, do short-term individual work. Group work includes one for women who have had a late termination of pregnancy owing to a congenital abnormality of the foetus, since this type of abortion has appeared to cause particular distress. Another group is a 12 week closed group for survivors of sexual abuse, which is initially psychoeducational and then becomes more experiential. This is being evaluated as to its effectiveness, since with increasing numbers of women coming forward with histories of abuse

in childhood a question has emerged as to whether significant gains can be made in such a short intervention or whether longer-term treatment is required. Related to this the group are questioning what is a healthy resolution – how much of a woman's identity would be being a survivor of abuse or how much she could go beyond this.

The psychiatry department has just one in-patient ward which has 36 beds and has five responsible senior psychiatrists. Reflecting the particular interests of the department, six beds make up the in-patient eating disorder service and four beds are for psychosomatic patients such as those on dialysis with psychiatric problems or those with unclear physical difficulties for diagnostic assessment. Eight beds comprise the acute care unit which as well as looking after patients with severe acute psychotic illnesses also caters for medically ill patients such as those with a delirium and behavioural disturbances or those requiring tube feeding, including the elderly with a severe depressive illness or patients with anorexia nervosa who have needed to be admitted on a compulsory order. The bias of the ward seemed to be reflected in the nursing training, which in Canada is much more medically based than in Great Britain.

I found the two weeks at the Toronto Hospital fruitful in showing how it is possible to provide an integrated psychiatric service to a general hospital. There seemed to be a spaciousness to think about patients with physical and psychiatric problems, partly due to the relatively generous resources but also due to an atmosphere where the psyche soma divide is not too great. It was enhanced too by the biannual 'retreats', which on my last day took all the senior staff of the department away for a day to review their progress and make plans for the future.

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