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BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR TELEPHONE 01-387 4499

CORRESPONDENCE

Correspondents are asked to be brief

Future of Mental Health Services

SIR,—For the past year or so the Department of Health and Social Security and the Manchester Regional Hospital Board have been expressing great satisfaction at the rapid development of psychiatric units in district general hospitals in the Manchester region. This week the report of the inquiry at Whittingham Hospital was published. Anyone who knows how little money has been devoted to mental health services in recent years will know that these units at general hospitals can have been created only by starving the old mental hospitals of funds. The Department has seen fit to criticize the regional board, the management committee, and the medical and nursing staff of Whittingham Hospital. In our submission the real blame attaches to the Department's own policy.

D.G.H. Psychiatric Units

Critics of the concept of the district general hospital psychiatric unit have repeatedly expressed the view that if a hospital is made into a dumping ground for chronic patients and nothing else the morale of the staff will suffer, and long term the chronic hospital will succeed in retaining only chronic staff. In the latest version of the Department's plans the old mental hospitals are to be abolished entirely. This is unrealistic for a number of reasons.

In this county so far as both mental illness and mental subnormality are concerned simple arithmetic shows that the amount of accommodation recommended by the Department is insufficient, even if the organization recommended could be made to work. The total accommodation in both hospital and local authority hostels, based upon the Department's standards of beds per thousand population, would amount to considerably less than the present number of patients in hospital and local authority care or on waiting lists.

The Department's plans appear to assume that excluding so-called psychogeriatric cases the mentally ill can be divided into acute and subacute patients suitable for care in a general hospital unit and chronic patients suitable for care in local authority hostels. In spite of all the recent advances in treatment there are still a small but significant number of patients who fail to stabilize to a degree which would be acceptable in a local authority hostel. These are, in fact, patients with chronic mental illness who show persistent behaviour disturbances. Though these patients represent only a small proportion of total acute admissions, they would lead to a progressive silting up of a general hospital unit, which would continue until the unit became unable to carry out its proper function. If we assume that only 1% of admissions follow this chronically disturbed course the accumulation of these patients would be blocking half the beds of general hospitals units after a lapse of only seven years. There are in addition serious public implications concerning the correctness of housing acutely disturbed schizophrenics, character disorders, and drug addicts in general hospital units. It is the Department's real intention that there shall be no service for these patients?

Mental Subnormality

On the subnormality side the Department assume that the severely subnormal with physical handicaps will be treated at the district general hospital, while the remainder of the severely subnormal and all the subnormal patients would be cared for in local authority accommodation. Persons of low intelligence but not clinically subnormal are apparently to be treated in mental illness units if they become mentally disturbed. This would perpetuate a deficiency which already exists in the psychiatric services. The majority of hospitals for the subnormal are very reluctant to accept patients with an I.Q. above 50. Experience has shown that any mental illness unit patients with an I.Q. below 80 do not derive much benefit from treatment. The tempo of the therapeutic community is too fast for them. There are, however, considerable numbers of patients in the I.Q. range of 50 to 80 who show behaviour disturbances sufficiently severe to require hospital treatment and to make them quite unsuitable for hostel or domiciliary care.

As usual the Department's plans appear to have been made with big cities in mind. In less densely populated areas the psychiatric unit of the general hospital will be likely to have no more than 60 beds/80 day places. One wonders whether such a small unit could provide all the therapeutic facilities required in modern psychiatry and remain a viable proposition. For instance, it would be unlikely that at any time more than half the patients would be able to attend the industrial therapy unit. Industrial therapy units can survive only if they are