BRITISH MEDICAL JOURNAL

SATURDAY 24 NOVEMBER 1973

LEADING ARTICLES

PAPERS AND ORIGINALS

MEDICAL PRACTICE

NO. 5890 BRITISH MEDICAL JOURNAL 1973 VOLUME 4 437-500 ASTM CODEN: BMJOAE 4 (5890) 437-500 (1973)
BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR TELEPHONE 01-387 4499 WEEKLY PRICE 42p

CORRESPONDENCE

Correspondents are asked to be brief

Hospital Beds for the Mentally Handicapped

SIR,—Following the Ely Hospital Report in 1969[1] the official policy of running down the number of patients in hospitals for the mentally handicapped has improved conditions for inpatients in these hospitals, but the failure concurrently to provide compensatory residential accommodation outside the hospitals is leading to a critical position for mentally handicapped people and their families.

For example, at this hospital, which three years ago had over 840 beds for the mentally handicapped, inpatient numbers have been reduced to 600 as a result firstly of discharging mildly mentally handicapped inpatients to local authority hostels, secondly, of transferring some patients to a new hospital, and thirdly, of removing the beds of inpatients who have died. Even with 600 patients this hospital still has not achieved the minimum standard of 30 beds in adult wards and 20 in children's wards as was recommended in 1965.[2] Of these 600 long-stay patients, 540 have I.Q.s below 55 and 370 have I.Q.s under 40. Most of the patients in the hospital with I.Q.s over 55 have personality disorders, mental illness, epilepsy, or physical disability which preclude their acceptance by the present local authority hostels. Of the moderately retarded group (I.Q. 40-55), many could live in sheltered hostel accommodation were it available and supervised by staff accustomed to them.

The point is being reached at this hospital where no more relatives are able to take patients home and few patients are now eligible for existing hostels. When a patient dies or is discharged the question arises whether to remove the bed to reduce overcrowding and make people listed for admission wait longer or to allocate it to a person for whom there has been pressure for admission and so perpetuate overcrowding. This hospital is not able to buy or to staff its own hostel accommodation. With the legacy of long-stay patients occupying all the beds there is not the accommodation to develop the more flexible systems of care possible in a completely new hospital.

If the hospital beds are provided they tend to fill; if they are not there then mentally handicapped people remain at home or occupy beds in mental illness or paediatric wards. Parents, family doctors, other consultants, and social services departments complain because they cannot dispose of their mentally handicapped patients. Perhaps there is method in the apparent madness of the present policy if it causes them to turn their concern and attention to the problem of the mentally handicapped and to demand more adequate provision and services for these people.—I am, etc.,

D. A. SPENCER

Meanwood Park Hospital,
Leeds

1 Department of Health and Social Security, *Report of the Committee of Inquiry into Allegations of Ill-treatment of Patients and Other Irregularities at the Ely Hospital, Cardiff*, Cmnd. 3975. London, H.M.S.O., 1969.
2 National Health Service, *Improving the Effectiveness of the Hospital Service for the Mentally Subnormal*, H.M. (65) 104. London, Ministry of Health, 1965.

Making Hospital Geriatrics Work

SIR,—Your issue of 3 November contained a most encouraging article by Dr. T. D. O'Brien and others (p. 277) and an important warning letter from Dr. R. V. Boyd (p. 298). Success or failure, not merely of geriatrics but of the whole hospital service, depends on proper appreciation of the points these authors raise. "Blocked" beds in acute hospitals, so frequently reported to the Hospital Advisory Service,[1] must be unblocked by making better provision for the elderly. At Oldham success has been achieved by a trend of increased geriatric discharges over the past 18 years in a situation where the bed provision in 1972 was 9·1 per 1,000 population aged 65 and over for the geriatric unit and 20·1 for welfare accommodation. Evidence for England and Wales from the Hospital In-patient Enquiry[2] shows that in the period 1966-70 the rate of increase of discharges from geriatric departments averaged 6·4% per annum compared with 2·7% per annum from medical departments. Both rates were much faster than the rate of increase of the population aged 65 and over, which was less than 2% per annum, and to that extent the increased level of care expected by the public and accepted by the elderly themselves is being met nationwide.

There are, however, some large pockets within this national trend where a totally different situation obtains. In Birmingham where, though geriatricians succeeded in discharging more patients from 1966 to 1970, the rate of increase was small (less than 1% per annum) and the discharge rate per 1,000