

THE EMPLOYABILITY OF CHRONIC SCHIZOPHRENICS

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A COMPARATIVE study of the work performance of normal and schizophrenic workers was undertaken in the Rehabilitation Unit of Cheadle Royal Hospital. (Wadsworth, Scott and Wells, 1961). A group of 12 long-stay schizophrenics with a mean duration of hospitalization of 17 years, ± 12.3 were matched with 12 normal subjects recruited to perform a normal industrial task. The task studied was the assembly, by gluing, of crepe to board; one of the initial stages in the manufacture of a carnival hat. The purpose of the study was to obtain comparative data that would help one to produce indices of employability, rather than to make evaluative statements which would relate only to mental hospital standards.

The concept of employability entails a number of conditions; for example, an individual who does not earn his own wage and overheads, or one who spoils appreciably more of the material than he successfully converts, is clearly unemployable. Ultimately then, employability has a largely economic aspect and therefore the results of the study have been evaluated in industrial terms. Comparative costings have been made, based on a firm producing a yearly £10,000 worth of carnival goods. The basis of this comparison was the experience of Cheadle Royal Rehabilitation Unit, where we have the knowledge of prevailing cost of materials, labour costs, advertising, carriage, etc. It should be mentioned that the type of work studied in this research is produced by outside manufacturers and that this hospital sells, through the same channels, and at the same rates of discount, to a market which is extremely competitive and where, in consequence, both wholesale and retail selling prices must be kept at the same level as that of the competitor.

Analysis of our results indicated that the 12 patients were 34 per cent. as productive as the 12 normal workers after each had had 80 hours experience of the task. Would this then render such patients "employable" if they held at least such output consistently, in the sense of their labour being able to create a profit for an employer or at least not a loss?

To answer this important question it is necessary to establish what overheads must be added to the labour cost, for no factory sets up to earn back merely its own labour cost, and enlightened industrial contract schemes in hospitals may successfully demand an element for overheads when negotiating the price per piece for labour cost. Such overheads can be examined in as lifelike a context as possible, and for purposes of comparison, two enterprises are taken, both annually producing £10,000 of carnival novelties for sale. Table I is a costing for an outside factory needing 10 normal operators. Table II is a costing for a sheltered workshop which, in the experience of Cheadle Royal Rehabili-

tation Unit, would have to employ 30 disabled workers each of one-third productivity, to reach the same yearly output as the outside factory.

TABLE I
Open Industry Factory Employing 10 Operatives Producing £10,000 Net of Goods Annually

	Direct Labour Cost	Materials	Packing and Carriage	Travel, Advertising and Sundries	Supervision and Staff (excluding owner)	Rent, Rates, Light and Power	Equipment and Tools	Owners Profit
ANALYSIS	£3,300	£1,650	£1,250	£500	£1,650	£400	?	£1,250
	@ 3/- per hour		1 Packer } 1 Despatcher } @ 1/- per gross		1 Service Worker £350 1 Office Worker £600 1 Supervisor/ Technician £700			
			Cartons 6d. per gross of hats. Carriage @ 1/- gross.					

TABLE II
Sheltered Factory Employing 30 Disabled Workers Producing £10,000 Net of Goods Annually

	Direct Labour Cost	Materials	Packing and Carriage	Travel, Advertising and Sundries	Supervision and Staff (excluding owner)	Rent, Rates, Light and Power	Equipment and Tools	Deficit
ANALYSIS	£3,300	£1,670	£1,250	£500	£3,150	£1,200	?	£1,070
		Including £20 extra wastage of materials	1 Packer } 1 Despatcher } @ 1/- per gross		2 Charge Nurses £1,500 1 Office Worker £600 1 Technician £700 1 Service Worker £350			
			Cartons 6d. per gross of hats. Carriage @ 1/- gross.					

DIRECT LABOUR COST

The above costings show that the labour cost is not greater in a hospital workshop than in an outside firm, even if the same piece-rate is given to the patients, since in both firms wages depend on productivity (e.g. on a piece-work basis, 3 patients producing the output of 1 normal will receive between them the wage of 1 normal).

At every level of patient earnings, it is necessary to pay the maximum wage available from sales revenue having regard to the rehabilitation value of the earned pay packet.

MATERIALS

Cost of materials in both firms should be identical provided suitable work has been chosen for the Sheltered Factory. It is only when the cost of material bulks high in the selling price, or when it is fragile or easily damaged by the production processes, that waste and rectification should prove a financial problem.

The research showed that the patients wasted 3 per cent. and the normals 1.8 per cent. of their production respectively. This greater waste of material adds only an extra £20 per year to the materials bill.

PACKING AND CARRIAGE

Examination of our own Rehabilitation Unit costs suggests, that allowing for certain differences in organization in the two firms, the cost of the above heading would be very similar and would amount to about one-eighth of the sales revenue of £10,000.

ADVERTISING, TRAVELLING, SUNDRIES

Likewise these could be very similar in both the sheltered workshop and outside factory and could be controlled at will but not reduced in either firm unless repercussions on sales were acceptable.

SUPERVISION AND STAFF

It is particularly this category of expense which highlights the origin of the relatively high overheads involved in employing disabled workers having low productivity. The 10 normal workers will have self-selected themselves and remain on the job supervising the level of their own production through the incentive of their pay packet. On the other hand, the mentally disabled workers need extra skilled supervision by good nurses of the sort who would also make good industrial supervisors. These latter are needed to deal with patients' problems, and spend much time training and re-training them and need, above all, to raise and constantly maintain the level of morale and motivation and hence output. It is the cost of overcoming these disabilities which may account for the final deficit shown in Table II. For the Sheltered Factory the 30 disabled workers averaging one-third productivity are by no means the most severely disabled category employable in a Sheltered Workshop, but nevertheless may still require certain of the better patients among them to be taken off production work to act as service hands and junior supervisors or trainers on behalf of the group.

RENT, RATES, LIGHT, HEAT AND POWER

The extra cost of this category of expense to the Sheltered Factory may be in inverse proportion to the relative productivity of the patient group. Thus if 30 patients are needed to do the work of 10 normal operators they must sit at 30 tables rather than 10 tables in a triple-sized work-room costing three times the rent and rates and three times the expense in heating, lighting and power. This difference in expenditure is the second main source of the high overheads for disabled workers (this expense may not necessarily be incurred if patients are using hospital premises).

EQUIPMENT AND TOOLS

Our policy has been both to design our products so as to minimize patients' disabilities and also to minimize the cost of equipment and tools. This is necessary in view of the patients' disabilities and the fact that the underutilization of equipment by the patients would mean that they would need three times more equipment than the normals. This is an obvious argument against rental or capital expenditure on expensive machinery.

SUMMARY

An inspection of the final column of comparative costings in Tables I and II indicates that the owner of the outside factory would definitely find his 10 operators employable. The deficit for the sheltered factory, employing 30 patients, amounts to £1,070 per year but this figure includes the salaries of two charge nurses (£1,500) who would have to be employed irrespective of whether the patients were working, thus converting this deficit into a small profit.

Further, mental patients are now entitled, as the physically disabled are, to be registered as disabled persons. Facilities have now been created whereby suitable mental patients who can perform roughly a third the amount of work of normal workers over a normal working week, can be approved by the

Ministry of Labour and Local Authority and then be paid an industrial wage (i.e. £8 5s. 0d. for men and £6 3s. 9d. for women). Thus it becomes possible to provide permanent sheltered realistic work for the mentally disabled. With these terms of reference therefore, one can say that long-stay mental patients are employable at no cost to the hospital. What is equally important, however, is that such a unit offers opportunities of complete rehabilitation with placement of a certain percentage of these patients in outside employment. What is also important is that such a unit provides excellent facilities both for assessing patients' abilities based on their actual work performance, and of providing learning situations in which patients may increase their abilities and reduce their disabilities or attitudes towards them. The problem is less to train the long-stay mental patient in a particular craft or skill than to develop the correct habits and attitudes necessary if resumption either of former types of occupation or training for new skills is to be accomplished. Finally, the success of the unit can to some extent be judged by the fact that in the last 12 months, 18 long-stay patients have been successfully placed in various types of outside employment quite unrelated to the work carried out in the hospital factory.

REFERENCES

WADSWORTH, W. V., SCOTT, R. F., and WELLS, B. W. P., "Employability of long-stay schizophrenic patients", *Lancet*, *ii*, 1961, 593-5.

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