

Survey of a Long Stay Population at a Psychiatric Hospital

By CHRISTINE HASSALL and C. P. HELLON

Two surveys of mental hospital in-patients, one by Gore and Jones (1961) the other by Cooper and Early (1961) resulted in different conclusions when the present and future need for psychiatric accommodation was considered.

Cooper and Early estimated that 47.1 per cent. of their patients were not in need of hospital facilities at present. Furthermore they reported that 29.3 per cent. of their patients were paid by an outside employer and only 36.7 per cent. were totally unemployed. This survey was undertaken at a hospital at which an intensive industrial therapy unit is in operation whereas Gore and Jones admitted that at their hospital a relative shortage of medical and nursing staff has compelled the adoption of a mainly custodial form of care. They pointed out that nearly half their patients worked on the wards only and they estimated that the overwhelming majority of patients in the long-stay group would not be capable of sustaining paid employment, even though their long-stay population was not a particularly elderly one.

In view of the divergent conclusions drawn from the above studies the present survey was made in the hope of clarifying the situation, particularly in relation to the present need for psychiatric accommodation. This necessarily entailed the consideration of such factors as the patients' capacity for work, the support afforded them by relatives and friends, and their age and length of stay. It was carried out in a hospital possessing reasonably adequate medical and nursing staff. A small industrial therapy unit is in existence and a wide range of treatments is practised. The social work department is active and adequately staffed, there is a nursing after-care service which allows for the visiting of patients in their homes after their discharge, and there is also good co-operation with the Mental Welfare Officers in the catchment area. The hospital has been entirely "open" for six

years and public relations are excellent. During the last few years there has been a steady pressure on beds. There are available 2.4 beds per 1,000 persons in our catchment area and bed occupancy has shown a rise over the past three years.

All patients in hospital for three months or over were included in the survey, which was carried out by the authors with the assistance of the Deputy Chief Male Nurse. The information was obtained by submitting a questionnaire to the Charge Nurse, Deputy Charge Nurse, Sister or Deputy Sister in charge of the individual patients. In cases where any doubt arose the doctor in charge of the patient was consulted and supplementary information was obtained from the medical notes, social notes and the ward visitors' book.

The questionnaire included a number of questions requiring subjective answers but, for the most part, these have been left out of the following report and only the more objective information has been retained.

The information was adjusted to render it correct at midnight on 11 November, 1961, and it was then transferred to punch cards for analysis.

RESULTS

The total survey population numbered 286 males and 290 females. From Table I it will be seen that 70.5 per cent. of the population falls into the long-stay group. In this context a long-stay will be defined as 2 or more years' continuous hospitalization (Carstairs *et al.*, 1955).

The constitution of the survey population by age and sex is given in Table II and from this a preponderance of elderly female patients is evident. However, well over half the survey population are under 65 years of age and 84 male patients are under the age of 55 years.

TABLE I
Length of Stay

Length of Stay	Male (286) %	Female (290) %	Total (576) %
3 months - <12 months	18.3	18.5	18.4
12 months - <2 years	9.0	13.3	11.1
2 years - <5 years	9.3	11.2	10.2
5 years - <10 years	13.8	11.5	12.7
10 years - <20 years	19.0	16.8	17.9
20 years and over	30.7	28.7	29.7

Poor capacity for work necessarily militates against discharge; and even though work of a very light order is available for all patients, 23.6 per cent. of males and 37.6 per cent. of females are unemployed.

TABLE II
Constitution of Survey Population by Age and Sex

Age	Male (286)	Female (290)	Total (576)
Less than 65 years	200	149	60.5
65 years and over	86	141	39.5

There are many factors adversely affecting the patients' chances of discharge apart from the severity of the mental illness. Brown (1959) has shown the positive correlation between lack of visiting and length of stay in mental hospital and this factor was considered in our present survey. The Table III shows that over a quarter of the males and over a third of the females

TABLE III
Contact with Relatives and Friends

	Male (286) %	Female (290) %
Goes out regularly	38.3	33.6
Goes out occasionally	7.0	4.5
Does not go out but is visited	27.6	22.7
Does not go out and is not visited	27.2	39.2

have no contact with anyone who could afford them support outside hospital. This is not to say that patients remain isolated in hospital; in fact, all patients receive periodic visits from members of the League of Friends.

A more specific component of social isolation is the lack of marital partners. Table IV shows that two-thirds of the male patients have never married and over three-quarters of all patients are at present without spouses. There is thus a preponderance of never-married males and a comparatively large number of separated,

TABLE IV
Distribution of Patients by Civil State

	Male (286) %	Female (290) %
Single	66.2	47.2
Married	20.3	16.6
Widowed/Separated/Divorced	13.4	36.3

widowed or divorced females. This lack of a marital partner portends greater difficulty in discharging these patients.

An attempt was made to assess the ideal type of accommodation to suit patients in their present state. This particular assessment was made largely by nurses who came in contact with the patients regularly and who appreciated, probably better than anyone, the difficulties involved in their care.

Our definition of a supervised hostel, for the purpose of this survey, is a unit accommodating approximately 50 patients who can be relied on to support themselves fully or partially, including employment at sheltered workshops and who can largely care for themselves but who have the services of a fully-trained mental nurse available for 24 hours a day.

Table V gives the results of this assessment and it will be seen that the large majority of patients require accommodation in a psychiatric hospital although 27 males and 40 females were considered fit to live in a supervised hostel and this number would justify the creation of such a hostel.

TABLE V
Accommodation Required for Survey Population

Accommodation Required	Male (286) %	Female (290) %
No supervision	2.4	0.7
Nursing aftercare	3.1	6.9
Supervised hostel	9.3	13.9
Geriatric hostel	4.9	7.6
Psychiatric hospital	80.3	71.0

DISCUSSION

Cooper and Early's optimism for the present accommodation of patients is not shared and even were there a larger industrial therapy organization available, little reason for optimism exists. Such a unit could employ only a limited number of patients and its use as a method of rehabilitating patients and fitting them for life in the community would surely be dependent on the availability of work in the particular area. However, the data in Table V, upon which the authors have based their own opinion on this subject, is derived from the very subjective opinions of the nursing staff.

From the information obtained in this survey the authors find themselves unable to make any predictions relating to the future needs of mental hospital beds. In making such predictions there are many unknown factors to be taken into account, notably the life expectancy of the chronic mental hospital patient.

In the area which Moorhaven Hospital serves there is a very narrow choice of industry and the unemployment rate compares badly with that of the South-West as a whole and also with the National unemployment rate. Regional differences in the availability of work and amenities such as council houses and old people's homes must be considered when future mental hospital

accommodation is planned. Were patients able to maintain themselves by some occupation, it is quite possible that hostel accommodation would suffice, but it would be inviting relapse to so accommodate them without work, because they would then be removed from the community atmosphere of the hospital.

The present survey shows that only a small proportion (14 males and 22 females) are suitable for geriatric accommodation. This assessment is again a subjective one based on the opinion of nurses, but it is felt that the figures are approximately correct and were this number of patients adequately catered for elsewhere, this would noticeably relieve our long-standing shortage of beds.

The planning for each Region must depend on local conditions and in this area, where there is a chronic shortage of work, we would be better served by a sheltered workshop, which would aim at offering patients long-term employment at a wage, which would allow them to support themselves, than by a large industrial therapy unit. A large industrial therapy unit can only be really effective if there is work available for patients once they are rehabilitated. Were a sheltered workshop in being and were adequate geriatric facilities available, the pressure on beds would be much reduced and a more flexible, intensive and efficient treatment of psychiatric patients would be facilitated.

ACKNOWLEDGMENTS

We thank Dr. F. E. Pilkington, Physician Superintendent, for his kind advice and Mr. K. Bedwell, Deputy Chief Male Nurse, for his assistance in compiling the survey data.

REFERENCES

- BROWN, G. W. (1959). *Brit. Med. J.*, 1300-1302.
 CARSTAIRS, G. M., TONGE, W. L., O'CONNOR, N., and
 BARBER, L. E. D. (1955). *Brit. J. Prev. Soc. Med.*, 9,
 187.
 COOPER, A. B., and EARLY, D. F. (1961). *Brit. Med. J.*,
 1600-1603.
 GORE, C. P., and JONES, K. (1961). *Lancet*, 544-546.

Christine Hassall, *Research Assistant, late of Moorhaven Hospital, now at Powick Hospital, Worcester*
 C. P. Hellon, M.B., Ch.B., D.P.M., *Senior Registrar, Moorhaven Hospital, Ivybridge, Devon*