

“The New Chronics”

By RALPH V. MAGNUS

There have been two surveys of the patient population of Glenside Hospital, Bristol, in recent years—Cooper and Early (1961), and Early and Magnus (1966). Since the 1961 review, a considerable number of patients admitted have become “chronic”, i.e. have remained continuously in hospital for over one year. An attempt to enquire into this problem has been made.

A questionnaire was completed on all new patients admitted between 1961-64, who had been resident for more than one year, and were still resident at the time of the review.

Age and Sex Distribution (Table I). The female/male ratio is approximately 1.5 to 1, but for the over 65 age group this ratio is 2.6 to 1. This may be compared with the overall hospital population—female/male 1.1 to 1, and for the over 65 year group 1.2 to 1. More than one-third of the admissions are over the age of 65 years.

TABLE I

Age	Male		Female		Total	
	No.	%	No.	%	No.	%
Under 65	55	75	58	55	113	63
Over 65	18	25	47	45	65	37
	73		105		178	

Marital Status

Under the age of 65 years 74 patients (65 per cent.) are single; in the group over 65 years, 45 (69 per cent.) have been married, but in 34 (52 per cent.) cases, the spouses had died.

Duration of Stay

Of the 178 patients reviewed, some 112 (62 per cent.) have been continually in hospital for 2 years or longer. The 1-2 year group are approximately equal for both sexes. However, in the over 2 year group, females outnumber males by a ratio of almost 2 to 1, females 73 (65 per cent.) and males 39 (35 per cent.).

Number of Admissions

First admissions amounted to 44 patients, 25 per cent. of the total; 85 patients (48 per cent.) had been

admitted previously one to three times, and 49 (28 per cent.) more than three times. These proportions were the same for both sexes.

Patient Status

Twelve (7 per cent.) of the patients were compulsorily detained, little more than the figure for the hospital as a whole, which is 5.6 per cent.

Outside Contacts (Table II)

Forty-nine (28 per cent.) patients either have no outside support or are never visited, male patients being far more deprived than females.

TABLE II

	Male		Female		Total	
	No.	%	No.	%	No.	%
Never visited	19	26	7	7	26	15
No outside support	19	26	4	4	23	13
	38		11		49	

Classification of Diagnoses (Table III)

Patients suffering from schizophrenic illnesses accounted for almost half the admissions. Organic states were diagnosed in 23 per cent. of patients, the majority of these being senile dementia.

TABLE III
Classification of Diagnoses

Diagnosis	Male		Female		Total	
	No.	%	No.	%	No.	%
Paranoid schizophrenia	13	(18)	14	(13)	27	(15)
Schizophrenia (other types)	24	(33)	33	(31)	57	(32)
Affective disorders	11	(15)	20	(19)	31	(17)
Organic states	11	(15)	30	(29)	41	(23)
Others	14	(19)	8	(8)	22	(13)
Total	73		105		178	

Employment; Accommodation

The Industrial Therapy Departments within the hospital, together with the Industrial Therapy Organization were able to employ 83 (47 per cent.) patients. It is estimated that 90 (50 per cent.) patients require to be in hospital for psychiatric reasons, however, 21 (11 per cent.) were considered suitable for geriatric care and 53 (29 per cent.) for "after care".

DISCUSSION

Glenside Hospital has a developed plan for economic and domestic resettlement (Early, 1965). It is situated in a City with an enlightened Local Authority, which has provided two hostels and excellent training facilities for subnormals. In spite of this "new chronics" are accumulating, namely 178 in 4 years.

Interviews with patients and nursing staff, review of the family and domestic situations show that only half the patients require to remain in hospital for psychiatric reasons. The remainder could be accommodated in hostels for the "after care" or in hostels for the elderly infirm, if such facilities existed.

Temple Phillips (1966) reviewed 173 hostels so far provided by Local Authorities and showed that many in the Provinces still function at half capacity, as is the case in the hostel for adult psychiatric "after care" in Bristol.

Over one quarter of the patients surveyed were considered to be suitable for "after care". This term, however, is interpreted differently by hospital psychiatrists and by Local Authority Medical Officers, otherwise it would be impossible to explain why existing Local Authority facilities are not fully used. The observations of the Bristol Industrial Therapy Housing Association would suggest that

criteria for acceptance by the Local Authority are too exclusive. The Housing Association with an hotel and five houses has had its 44 places fairly consistently full since its activities started in March, 1964.

Institutionalization is still continuing to occur. If this is to be prevented, a greater understanding between Local Authorities and Hospitals will be necessary. Macmillan (1961) has shown that these problems need not exist where Local Authorities and Hospitals realize that they are concerned with facets of the same problem directed towards a common goal.

Greater co-operation between Local Authorities and Hospitals, and utilization of patients' own families as described by Rawnsley *et al.* (1962) may prevent the "new chronic" population from taking the place of their predecessors. If not, it is doubtful whether the anticipated bed requirements of 1.8 beds/1,000 population as laid down by the Ministry of Health (1962) will be sufficient for future needs.

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