Correspondence

Mixed sex wards

Sir: Recent reports of rape, assault on and sexual harassment of women, in mixed psychiatric wards have led to discussions in the lay and medical press about the need for separate sex wards in psychiatric hospitals (Tonks, 1992; Pocock, 1993) and the mental health charity MIND has called for women to be given the choice of single sex wards (Tonks, 1992).

We report the results of a survey of the opinion of psychiatric in-patients aged 18–65 years about mixed sex wards in a new psychiatric hospital. The hospital has mixed wards with single, double and six-bedded rooms. There were 56 admissions in the study period and 49 (87.5%) of these agreed to participate in the study.

Fifteen (30.6%) patients expressed the view that they should have been offered a choice of separate sex wards. They would have preferred this choice because it would have offered them more privacy. Ten (20.4%) patients felt strongly that they should have been in single sex wards and of these eight were female and two were male. Seven (14.2%) felt physically threatened by other patients within the mixed ward setting and one (2%) patient reported that she had been raped within the hospital building by another patient. This incident was brought to the attention of the ward staff.

Twenty (40.8%) patients did not expect to be admitted to a mixed ward and were surprised to find that the ward was mixed. These included 12 female and eight male patients. Seven of these 20 patients had no previous admissions and the remainder had admissions into other psychiatric hospitals. Twenty-five (51%) patients would have preferred single sex bathrooms and toilets. The reasons cited for this included cleanliness, privacy, culture and religion. One patient reported that she had found a male patient peeping through the keyhole.

Our study suggests that a substantial proportion of patients admitted to mixed sex wards in our hospital would have preferred to be admitted to single sex wards. A smaller but not insignificant proportion felt threatened by the mixed ward environment and half the patients would have preferred single sex bathrooms and toilets.

The development of mixed sex wards was part of the drive to humanise psychiatric wards and to improve the quality of life of patients. However, the developments have proceeded without the opinion of patients or their relatives being taken into account. Our results suggest that a substantial number of patients may not be in agreement with their hospital carers.

In an article in the *Daily Telegraph*, Pocock (1993) describes his embarrassment at being the only male patient, for a period, in a mixed ward. The embarrassment was mutual, for a number of the female patients also found his presence embarrassing to them. The author admitted that there may be advantages to a mixed ward but that there can also be "more than a loss of dignity".

The belief, among managers, appears to be that patients from ethnic minority groups are the ones who object most to sharing a ward with the opposite sex, on grounds of custom, culture or religion (Pocock, 1993). Our study suggests that while this may be true, native British patients also object to mixed wards. Even when there is no traditional separation of the sexes, it is clear that the vulnerability of disturbed patients to be exploited by others must be recognised and adequate steps taken to prevent sexual abuse within hospitals. Part of the strategy must be to review the policy on mixed sex wards and at least to provide facilities for those who have a conscientious objection to being treated within mixed wards. Managers and health planners ought to be aware of the preference of patients and take account of this when planning psychiatric hospitals.

POCOCK, T. (1993) Nurse, there's a woman in my ward. *The Daily Telegraph*, Tuesday, April 13, 15.

TONKS, A. (1992) Women patients vulnerable in mixed psychiatric wards. *British Medical Journal*, **304**, 1331.

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The cost of Mental Health Review Tribunals

Sir: The article by Blumenthal & Wessely (*Psychiatric Bulletin*, May 1994, **18**, 274–276) which carefully and convincingly describes how at least £12,000,000 per year is spent on Mental Health Review Tribunals is, indeed, timely. It is essential that people who are compulsorily detained have access to independent examination of their cases; perhaps they should have this as a right, rather than 'on application'. Cost, in terms of money and time, is only one cost, there is the cost of *not* working with other patients and the cost of losing rapport in what is still an

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