Correspondence

The long-stay patients and the community

DEAR SIRS

Until the mid-eighteenth century there was virtually no provision for the mentally ill. They, along with vagrants, were left in the community, often in dilapidated accommodation living rough as tramps or in the bridewells and doss houses of the day. Those in the community with a social conscience felt that this situation was to the detriment of the mentally ill, and the Vagrancy Act of 1744 required every Parish to look after their 'furiously and dangerously mad' in suitable accommodation.

The community then, as now, being somewhat dilatory in putting through such financially costly accommodation out of the then equivalent rates, Parliament realised that something more definite should be done.

The Asylum Act of 1808 was a permissive act that recommended every county to provide proper asylum for pauper lunatics. The county councils remained equally dilatory and this led to Lord Shaftesbury's second Asylum Act of 1845 which made provision of the county mental hospitals compulsory. This, at the time, was a great advance in the treatment of the mentally ill, or at least in their care.

There is currently a move to return the mentally ill into the community and to reduce the reliance on the old and often outdated county medical hospitals. Some States in America, and the Italian experiment, have shown the disasters that can occur when 'this policy is forced through against the advice of the more conservative elements who recognised that many of the chronically mentally sick do need asylum in the pure sense of the word![1]

A number of articles have appeared in recent years examining the situation in which the long-term mentally ill find themselves as a result of the following through of the policy of community care. It has been recognised that a continuing need for in-patient care of some sort is likely to remain with us. Haslam,[2] as far back as 1970, noted the accumulation through the district general hospital of some 1 per 10,000 population per annum of long-stay that would require much longer term in-patient accommodation. In Bristol Measey and Smith[3] similarly noted that 106 patients had accumulated in the five years, and Le Gassicke[4] noted similar figures in 1977 for St George's Hospital in Morpeth. Bewley *et al*,[5] in his Tooting Bec study in 1981, noted an accumulation of some 80 patients in five years under the age of 65 and felt that a third of these were likely to be permanent admissions.

What has happened to those who have been discharged? Begun,[6] speaking in Manhattan in 1981, mentioned that there were 60,000 vagrants in the city of New York and some 30,000 of these had a history of mental illness. All were in the community and it would seem that vagrants and the mentally ill were again being lumped together much as 200 years ago. Begun stated 'the unbelievable human misery which their special situation represents must be ascribed to having resulted from a fallacy too long subscribed to by the public health authorities who in a misdirected effort to protect freedom and civic rights have advocated the abolition of long-term institutional treatment in favour of the community based after-care when this latter is not a real option since the facilities are not there'. Kathleen Jones has written similarly about the situation in Italy.[1]

What of this country? Blackburn's article,[7] based on the Middlesbrough experience, should provide an ominous warning to us all. He stated that beds in St. Luke's had dropped from a 1960 level of 550 to 310 in 1974 but by then not a single hostel place had been created. Of the 230 long-stay discharged virtually all remained dependent and there was no room for readmission in the district hospital. It would be no surprise to learn that they were living in dilapidated accommodation in bedsitters, in Salvation Army hostels, in derelict areas where no on else was prepared to go, and sleeping rough. Many had become recidivist offenders and landed in jail (bridewells?).

What a pity Lord Shaftesbury can't come back and give us a lecture.

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Further observations on the Second AUTP Conference

DEAR SIRS

Concerning Dr Graham Davies' personalised account of the AUTP Conference on Teaching Dynamic Psychotherapy (*Bulletin*, September 1985, **9**, 174–176), we, both as participants in the Conference as a whole and more specifically members with Graham in the same small discussion