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The residuum of a traditional psychiatric hospital

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It is known that in most traditional psychiatric hospitals a significant minority of patients can have a better quality of life in hospital-hostels. With ample hospital-hostel places it was decided to interview and/or review the notes of all the non-demented Gloucestershire patients under 75 years whose stay in psychiatric hospitals exceeded one year on a census date of 26 September 1990. The characteristics of these long stay or residual patients are described.

The service context

Coney Hill Hospital serves Gloucester and Cheltenham Health Districts with populations of 300,000 and 200,000 respectively. In January 1981 there was a need to rehabilitate 310 long stay (non-psychogeriatric) patients in Coney Hill and Horton Road Hospitals although there were 65 group home placements. In 1982 a supervised lodgings scheme was started (Anstee, 1985) which successfully placed 145 patients in the community at its peak. Capital from the sale of hospital land and revenue from closure of seven wards at Horton Road Hospital allowed the purchase of four houses in Gloucester and two in Cheltenham and their opening as hospital-hostels for 46 residents. These hospital-hostels were termed mental illness nursing homes, when a trust was formed, to which the residents contribute their DSS benefits. A general practitioner looks after the residents' physical well-being while the rehabilitation consultant supervises their psychiatric care.

The rundown and closure of Horton Road Hospital in April 1988 released money for Social Services to produce two day centres in both districts for slow stream rehabilitation which relieved overcrowding of day patients in the industrial therapy department.

An eight-bedded short stay rehabilitation hostel was opened in Gloucester in 1985.

Now Coney Hill Hospital has only two unlocked wards of 10 and 13 beds to look after the chronically disturbed and promote slow stream rehabilitation. Out of county services used are the Bristol sub-regional secure unit (Fromeside) which treats forensic patients for limited periods and St Andrews Hospital, Northampton for private treatment of disturbed patients.

Findings

There were 16 residual patients (nine men and seven women) on the census date with 14 at Coney Hill and one each at Fromeside and St Andrews. Ten were single, three divorced, two widowed and one married. Ages ranged from 24 to 77 years with mean ages of 50 for men and 48 years for women.

All the men and three women had a diagnosis of schizophrenia. The other four women had diagnoses of hysterical personality disorders (2), manic-depression (1) and organic syndrome (1). A secondary diagnosis of drug abuse was made in five patients and brain damage in two men.

The length of in-patient stay was 2–39 years for men (average 18) and 2–25 years for women (average 12). If the first contact with psychiatric services is taken as the start of psychiatric illness the average length of illness was 26 for men and 28 years for women.

All the residual patients had been on a treatment order except for one woman. Half were on sections on the census data with four each on section 3 and section 37/41. All compulsorily admitted patients and three other residents wished to leave hospital.

Twelve residual patients were on the two wards for the chronically disturbed. Two patients were on admission wards as they had special needs, a woman with a hysterical personality came into hospital every weekend and a man with schizophrenia abused hard drugs. At Fromeside a schizophrenic woman abused drugs. The 16th residual patient was a schizophrenic man in St Andrews with secondary diagnosis of drug abuse and dyslexia. Six of the residual patients had been transferred to St Andrews for one month to six years over the last ten years. Four had a secondary diagnosis of drug abuse. All 16 residual patients were deviant in more than three ways using the Hall & Baker assessment forms.

The schizophrenic patients had only partially responded to medication and were non-responders to lithium. Carbamazepine was prescribed for half of the residual patients. Patients rarely attended the industrial or occupational therapy departments.

Of the 14 patients in Coney Hill Hospital, four were visited weekly by relatives and friends, four monthly, two every six months, two annually and two rarely. The patient in Fromeside was visited weekly by relatives while in Coney Hill. The man at St Andrews was not visited even annually.

Comment

The six Gloucestershire hospital-hostels gave 46 residents asylum (i.e. approximately nine residents per

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100,000 population). However hospital-hostels cannot 'house' all the disturbed chronic mentally ill. Failure occurs because of violent behaviour, fire-setting and self-discharge. At Coney Hill, 16 residual patients were deemed too disturbed to be placed in a hospital-hostel on the census date. The reasons were: chronic psychotic symptoms unresponsive to medication; excessive deviant behaviour; and secondary drug abuse. Women were in-patients for shorter lengths of time than men for which there is no easy explanation.

The Kidderminster District General Hospital survey (Cumella *et al*, 1988) of accumulation of long stay patients under 65 years over a six year period showed a turnover. No more than eight long stay patients were resident at any one time per 100,000 population. This figure included presenile dementias.

The present study indicates the use of 3–4 beds per 100,000 population for the long term mentally ill excluding presenile dementias. However, the long term wards have 4–5 beds per 100,000 population as there are extra beds for temporary readmission of ex-long stay rehabilitation patients and the hospital-hostel resident who has misbehaved. It is the policy to admit for three nights to give the resident and staff time to 'recover'.

The use of long-term beds vary with the psychiatric morbidity of the catchment area. If it is assumed low social deprivation as measured by the Jarman Scale of underprivileged areas (Jarman, 1983) means low psychiatric morbidity then Cheltenham, Gloucester and Kidderminster require fewer beds than most districts.

Local facilities were appreciated by relatives and friends, over half of the residual patients being visited at least monthly. There was only one man at St Andrews so a further locked supra-district facility is not viable.

Future service implications

Coney Hill is closing so armed with the census data two new wards of 12 and eight beds, i.e. four beds per 100,000 population, have been planned for residual patients adjacent to the new admission wards to be built on central sites in Gloucester and Cheltenham. A communicating corridor will be necessary because seclusion facilities will be in the admission units. The wards will be one storey high and have a large courtyard and fence. There will be a high nursing staff/resident ratio. The Gloucester ward for 12 residents will have 18 nursing staff and a nurse manager to ensure optimum rehabilitation, self-sufficiency and that the ward is rarely locked. Each resident will have a single room. A suite on the ground floor will have special aids for a physically disabled person. As the clientele steal food and have poor hygiene, the refrigerator and freezer need to be locked and main meals provided by the hospital kitchen.

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Liaison psychiatry and Gulf casualties

The disaster that did not happen

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This article describes the response of some RAF and RN mental health personnel and civilian mental health teams to the challenge of dealing with the psychological needs of wounded Servicemen. The preparation for war casualties could be seen as a useful exercise for future conflicts.

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