

## Reviews

**New Directions for Psychiatric Day Services.** Report of a MIND Conference held in 1980. Pp 104. £2.80.

**The Future of the Mental Hospital.** Report of MIND's 1980 Annual Conference. Pp 75. £2.20.

Two decades have passed since the appearance of Enoch Powell's White Paper and the declared Government policy of phasing out the mental hospitals. In the light of experience this policy has had to be profoundly modified and the present position in this regard is, to say the least, confused and unsatisfactory. MIND has therefore rendered a service by organizing two conferences recently, one on the future of the mental hospitals and the other on new directions for psychiatric day services. These reports, which overlap, reveal differing and even opposing views.

The 1962 Plan was based on over-optimistic forecasts derived in turn from narrow statistical extrapolations of the declining resident mental hospital population, which tacitly assumed a major breakthrough in the prevention or cure of mental illness and completely ignored social and economic factors. Professor Kathleen Jones's excellent hard-hitting critique in the conference report reminds us that Tooth and Brooke projected that the long-stay population in mental hospitals would disappear under the twin impact of the new pharmacology and community care. But as far as major and chronic mental illness was concerned (responsible for the bulk of the long-stay population), the new pharmacology controlled more than cured, and community care, limited in its scope as it was for such patients, materialized disappointingly slowly. Only one large mental hospital had been closed by 1975 instead of the thirteen envisaged in the Plan, and the Government White Paper 'Better Services for the Mentally Ill', issued that year, back-tracked with the statement that closure of mental hospitals was not now an objective of policy. The 1979 Royal Commission on the National Health Service, in pointing out that this was unclear and damaging, called for an unambiguous statement of Government policy because of the effect on morale on the still-threatened mental hospitals. The Royal Commission in turn seems to have annoyed Patrick Jenkin, lately Secretary of State for Social Services: in the conference report he says that 'we are nearly halfway in our revolution in the care of the mentally ill', and follows this up by attempting to clarify the situation regarding closures. Thirty unnamed hospitals, he said, were regarded as 'inappropriate to modern concepts of care' and are due for closure. And Tony Smythe, the former Director of MIND, in the concluding article of the report, demands quick action.

So what is the future of the mental hospitals? Kathleen Jones would appear to agree with the 1979 Royal Commission that there is a continuing need for most of them:

they have the important role of providing an asylum in the true sense of the term, with care and treatment for the severely mentally ill and custodial care for the unstable and disturbed offender. She is critical of the view that it was that evil institution, the mental hospital, that made the more severely mentally ill quite unfit socially by inducing 'institutional neurosis'. Incidentally, as Carol Edwards and Geoffrey Shepherd both point out in their respective articles in the MIND report, patients can and do become institutionalized in a community setting, which sounds a contradiction in terms. Kathleen Jones, however, criticizes the generalized assumptions about the family and the community. These are not always a benign influence or particularly tolerant. She quotes Brown *et al's* 1962 work demonstrating that schizophrenic patients might get on much better in lodgings, and draws attention to the respectable tenants who think the mentally ill teenager is letting down the neighbourhood, or the teenage gangs who terrify confused old ladies, as part of the psychopathology of our decaying urban centres.

Dr Douglas Bennett of the Maudsley Hospital, views the problem as in the main one of transition from hospital-based to community-based systems of care in the face of human resistance to change. We have been, he says, accustomed to equate the mental hospital with asylum, but it is possible today to provide asylum, in the sense of shelter and support, in the community. Dealing with the long-term patient, Dr David Clark sees a role for the mental hospital in organizing a graded rehabilitation service for such patients, who are often burdened with multiple disabilities, physical, psychological and social and will need help for the rest of their lives: the aim is to get such patients to the stage in which they can be supported in the community with the aid of various half-way facilities.

Dr Donald Dick, on the other hand, believes that the mental hospital has little or no part to play in the treatment of chronic mental illness. He views the growth and development of the psychiatric services as a pure success story; there have been 'immense improvements in training and effective pharmaceuticals', and society has grown in tolerance.

Kay Carmichael's contribution is a somewhat confused diatribe directed to doctors, nurses and social workers—they allow themselves to be used as controllers of pain which should be appropriately and healthily expressed in anger. According to her, depressive states are nothing but damped down anger.

Saul Feldman of the National Institute of Mental Health, Bethesda, gives an illuminating account of the corresponding American scene. The emptying of the mental hospitals proceeded rapidly there, and the early closures in California were strongly influenced by political leaders eager to reduce

expenditure and the State's role in the direct provision of mental health care. Feldman's graphic account of the psychological effect of impending closure—the boredom and the sense of failure induced in the staff—will be recognized by many in this country. As a result of the mass exodus from mental hospitals, 'the back ward has been replaced by the back alley'. Far too many of the discharged patients are the poor, the homeless and the exploited; kept out of the more desirable districts they cluster in the poor areas. Very many are re-admitted, and the remaining mental hospitals become the repository for the casualties of the social system, which may well become the situation here.

Sir George Young, at the time Parliamentary Under-Secretary at the DHSS, contributes to the second report, 'New Directions for Psychiatric Services'. He repeats the official view that the disappointingly slow progress has been due to lack of clarity about the purposes of day care. The probability is that lack of money is a more important reason, and may well be defeating the efforts in this field of even the best intentioned local authorities. Dr Bennett welcomes the interest in day care shown by the DHSS and declares that it is now becoming apparent that the social services, employment centres, etc. are not able to deal effectively with severe mental illness and disabilities, and the smaller and more selective psychiatric units in general hospitals do not offer much help either. He calls for more integration and for a continuum of care, with the day hospital as the focal point of treatment.

Only half the authorities in England and Wales even had a day centre for the mentally ill, and in Scotland the position was worse. Individual day units are described in the report: day hospitals, day centres and joint establishments, small and large, local authority based or run by the area health authority, some in the grounds of the mental hospital and

others in the high street. There is even a travelling day hospital in the Dorset area. There is much overlapping, and the distinction between day centres run by the local authorities and the health authorities' day hospitals is very blurred. They appear to range, regardless of title, from the informal club where people drop in for a chat and where no attempt is made at organizing activities to others which offer psychotherapy and relaxation groups and various forms of occupational therapy. The optimum siting of the day hospital is discussed: is it best situated within the grounds of the mental hospital or more accessibly in the centre of town? The length of 'treatment', apart from its nature, is discussed. The mixed day centre is considered, where both mentally and physically handicapped patients attend, and the conclusion is reached that the disadvantages outweigh the advantages. In some day units psychologists are actively involved in supervising groups and relaxation therapy, and it is claimed that such centres can deal effectively at times with even the severely depressed patient. For one such centre, which operates a so-called crises service, the claim is made that an acutely ill or psychotic patient may be 'maintained' or kept out of hospital; with the psychiatrist visiting this centre only once a week; this seems hardly the ideal arrangement.

In spite of the lengthy and involved studies by some of the psychologists concerned into the concept of the day hospital, its *modus operandi* and the attitudes of both staff and patients, one is left with the strong impression on reading the report that there is a great deal of goodwill and effort but sadly little cohesion or sense of direction. One can only echo the plea that more guidelines are needed.

DAVID SHAW

5 All Saints Road  
Sutton, Surrey

## News Items

### *Alcohol and Alcoholism*

The following Addendum has been added as an insert to the College report, *Alcohol and Alcoholism*, and members who have copies of the report might wish to note the change in the College view of the risks of drinking during pregnancy.

Recent scientific evidence suggests that the potential dangers of maternal drinking during pregnancy should be further emphasized. Even very moderate social drinking may be associated with decreased birth weight and an increased risk of spontaneous abortion. The precise level of alcohol intake which carries seriously enhanced risk of the child's developing the foetal alcohol syndrome still remains rather uncertain: the woman who is drinking 'alcoholically' is certainly putting her baby at risk, but

it is possible that lesser degrees of deformity may occur even with more moderate drinking. In the light of this evidence the College would wish to recommend that women would be well advised not to drink alcohol during pregnancy. This advice is in line with the general medical advice to all women that they should not take unnecessary medications during pregnancy. This advice supersedes the previous statement on drinking during pregnancy given on page 83 of the Royal College of Psychiatrists' report, *Alcohol and Alcoholism*.

This report has proved popular and some 10,000 copies have been sold. The hardback edition is now out of print, but the paperback (£2.50) is still available from Tavistock Publications Ltd, 11 New Fetter Lane, London EC4P 4EE.