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Mental Hospital Needs and Beds

Abstract

On April 1st, 1961, in the Lancet, the trends in mental hospital populations were subjected to statistical analysis,* and the conclusion was drawn that the number of mental hospital beds in England and Wales could be reduced to nearly half, by 1975. The authors of the analysis were a medical officer of the Ministry of Health and a Government statistician, and the present intention of the Ministry of Health is to act on their recommendation.

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MENTAL HOSPITAL NEEDS AND BEDS

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The analysis can be criticised on other grounds. The figures for admissions and discharges were taken from the late 1950's, which years were atypical in that an upsurge of interest in the rehabilitation of chronic patients was taking place, and most patients capable of discharge were discharged at that time; again, "tranquillisers" were at that time coming into vogue and allowed a temporarily high discharge rate. More topically, the proposed reduction takes little count of the rapidly rising readmission rate.

Anyway, on the basis of this analysis, the Hospital Plan for England and Wales (1962) envisages a reduction in mental hospital beds of from 3.3 per 1,000 of the population in 1961, to 1.8 per 1,000 in 1975. By contrast, the Hospital Plan for Scotland (1962) describes a recent run-down in mental hospital bed requirements of about 1% per year, but declines to quote a figure for future requirements.

The patients to be discharged will be largely

chronic schizophrenics. They might be discharged to their families, to lodgings, or to a hostel run by the local authority. Experience has shown it most unlikely that a significant number will be accepted by their families. In Edinburgh, an attempt to form a list of lodgings willing to accept mental patients failed entirely. So the answer can lie only in providing hostels.

In this respect the local authorities are in no way ready to cope with a greatly increased number of mental patients living in the community. In 1962 there were in England and Wales 18 hostels for the mentally ill with a total of about 350 places. Scotland has only one hostel, in Aberdeen. Another will soon be opened in Edinburgh. The provision of suitable buildings, suitably staffed, is painfully difficult, and expensive.

Estimates as to how many such hostels will be required vary widely. If patients are to be transferred from hospital to hostel on the scale made necessary by the Hospital Plan, then up to 150 mental patients per 100,000 of the community will have to be reaccommodated.

In short, the plans of the Ministry of Health are ambitious, but may well be based on misleading data. Unfortunately, a prophecy such as this one can be self-fulfilling—bed requirements will certainly seem to fall when physicians can read that their hospitals are scheduled for closure. It may be that the result of governmental over-optimism is already becoming obvious; in some areas patients overpromptly discharged are returning to hospital via the police courts.

* Tooth, G. C. & Brooke, E. M. 1961, *Lancet* 1, 710. "Trends in Mental Hospital Population and their effect on Future Planning."