

EARLY DISCHARGE FROM LICENCE*

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It appears to have become the practice for your retiring Chairman to say a few words on vacating office, and as I was at a loss to find a suitable subject, I thought you might be interested in a few facts and figures my colleagues and I have collated quite recently relating to patients discharged under Circular 56/25, and perhaps stimulate a discussion.

We have become so accustomed to hearing a good deal about community care in recent years and the emphasis laid on dealing with patients on an informal basis that many of us are beginning to wonder whether the new legislation will really succeed.

Under the new Mental Health Act some of our present statutory powers will be abolished and we shall find ourselves restricted in dealing with a certain class of patients 21 years and over, while it will be difficult to detain others when they reach the age of 25 years. Patients returned to the community on leave of absence on trial will be discharged at the end of six months.

All this will throw extra responsibility on the Local Health Authorities and particularly the Mental Welfare Officer. We have now had some experience in early discharge under Circular 56/25, and we hoped to learn something from our research.

You will remember that the Circular authorised Hospital Management Committees to consider the discharge of patients after they had been on licence 1 year or if there were overwhelming reasons against discharge, at the end of 1½ years.

An interesting symposium was held here in July, 1956, on this Circular (1), and I think I am right in saying the majority of us rather doubted the merits of early discharge.

As one of the speakers I was inclined to reserve my judgment but was indeed critical and predicted difficulties in keeping contact with patients, with helping patients who were getting on in years and whose work potential had diminished and arranging their return to hospital care and so on. These difficulties have been partly overcome by the introduction of informal admissions.

We decided in Birmingham to make every endeavour to maintain contact with our patients after discharge, and we have now taken a good look at the results which might have a bearing on what to expect in the future.

Since March 1956, a total of 286 patients (158 males and 128 females) were discharged. This figure includes some 46 patients (32 males and 14 females) who had come from outside Authorities but referred to us for rehabilitation on licence in the City.

*Chairman's talk at the Annual General Meeting of the Midland Society for the Study of Mental Subnormality, 12th March, 1960. The talk was followed by a lively discussion.

(1) See "Symposium on Licence: the effects of recent administrative changes." "Journal of the Midland Mental Deficiency Society," 1956, II, 3, 1-24.

Men:

We will take the males first. Out of 158, we failed to keep contact with 21, and 5 men in fact left the area. Among the 137 men of whom a post discharge history is available there were:

- 57% (N=78) who remained in their jobs or have moved to better themselves.
- 33% (N=46) who have left home or lodgings.
- 40% (N=56) who have needed substantial support since discharge and would have been in serious difficulties without our help.
- 7% (N=10) are patients who are either severely subnormal unemployables (N=6) or were returned to hospital (N=4).
- 8% (N=11) have appeared before the Courts (5 once, 2 twice, 4 three times or over, 1 no less than eight times). The offences have been larceny, burglary, one assault on police and one indecent assault on a young girl.
- 17% (N=23) have married, 11 of them to mentally defective girls. 6 have children. 3 men married women considerably older than themselves—in fact they are old enough to be their mothers in two instances.

As far as the 57% are concerned who remained in their jobs or have moved to better themselves, an interesting point arises here. We have for many years experienced a good relationship with several Corporation Departments offering work which is eminently suitable for our people. They earn less than in industry, but the jobs are safe and if placed on permanent staff are pensionable. Some 29 have remained in these jobs.

Women:

Of 128 women we failed to keep in contact with 21 and 11 of them have left the area. Of these 107 women of whom a past discharge history was available there were:

- 35% (N=38) who remained in their employment.
- 21% (N=23) have married, 5 of them to mentally defective men. 12 of them have children.
- 37% (N=40) left their employment or lodgings, most of them very soon after their discharge.
- 29% (N=30) have needed substantial support.
- 12% (N=14) are patients who are either unemployable severely subnormal patients (N=8) or had to be returned to hospital (N=6).
- 3% (N=4) have been in Court, mainly for larceny.
- 6% (N=8) have had illegitimate children; one, a woman of 42, had had illegitimate children before she was dealt with: in fact, her eldest is 19 yrs.

To sum up it would appear that the men are more stable than the women, in particular with regard to work and are more prone to seek advice, even though the request is often made late.

The tendency to remove from home, their lodgings or residential job seems to indicate a desire to sever all contact with the hospital, the social worker and anything that reminds them of being under control: whether it is a feeling of being free agents or purely lack of insight is sometimes hard to tell. This makes for

difficulties in providing friendly supervision as they often go to live with people who would not be sympathetic to visiting by Mental Welfare Officers.

Fortunately we are living in an age of prosperity and there is a demand for unskilled labour, often at high rates of pay; indeed, many patients are earning as much, if not more, than the Mental Welfare Officers.

To the majority of the women the one great achievement in life is to get a man and marry. They show little foresight in what matrimony may mean, and providing they can get the ring, even a Woolworth variety, and a room they seem satisfied for a time. Several married to mental defectives are by far the dominant partner and are quick to be endowed with all his worldly goods. They are generally bad managers, are prone to get into debt and are seldom capable of accepting the responsibilities of parenthood. The majority are living in lodgings or furnished accommodation, and this in itself creates a social problem, because they have little chance of getting a home of their own.

It is difficult to assess the problems and risks that these patients involve other people in the community, and the actual cost to society in general. I feel sure that more problem families are being created by the early marriage of defectives and many would come within the meaning of Section 4 of the Mental Health Act, 1959.

At the most we are doing what the Ministry intended—to support as many patients as possible in the community rather than keep them in hospitals. The problems that I have outlined are to be expected and present a challenge to the Mental Welfare Officers.