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EDITORIAL

Research in Mental Subnormality is almost entirely of the kind broadly described as "clinical research." This refers to the medical aspects concerning aetiology and medication, to the psychological aspects concerning measurement of mental functioning, to the vocational aspects concerning the best training methods to be applied. The literature on mental deficiency is full of reports and investigations dealing with these problems and many valuable suggestions have been made, based on small scale experiments carried out by some very few full-time researchers, but usually by professional people who are engaged on routine work. Generally speaking, it is no exaggeration to say that the planned full-time research on a larger scale, dealing with problems of treatment and training, has never reached the size and importance given it in other fields. Research and investigations are still left to the initiative of the isolated worker in the field, who carries it on as a spare-time occupation, with insufficient means and with results which are often of doubtful value because of the limitations imposed on research design by local conditions.

There is another type of research, which is most important when planning for the future. One variety of it is of a purely statistical kind. It has to estimate future needs so that provisions—buildings and staff—can be arranged in good time. The recent White Paper on the "Hospital Plan for England and Wales," January 1962, is an example of this. It takes "a comprehensive view of the hospital service as it is today" and draws "the outlines of the service which we mean to create." It further states that to the preparation of the programmes "an immense amount of work and thought has been devoted over a long period." As far as subnormality is concerned one may fairly wonder whether this is so in fact. It is true that those who drafted the plan found their task made difficult because of the new administrative arrangements. As the report states, "On the one hand it is necessary to take account of the waiting lists and of the increased expectation of life of the subnormal and severely subnormal, and to allow for the greater readiness of parents to seek admission to hospital for their children, particularly as informal patients. On the other hand the expansion of community services will avoid or postpone the need for hospital admission in many cases and will enable more patients to be discharged. It may also become possible to prevent the occurrence of certain forms of mental subnormality. The net effect of all these factors is impossible to quantify and further knowledge is required . . ." It is probably not too much of an assumption to think that this "further knowledge" required will be a long time in coming forward. In the meantime the end result appears to be that the hospital planners assumed "that eventually the factors mentioned above will more or less offset one another," which implies presumably: no change.

The White Paper reiterates the proposal made by the Royal Commission regarding the separate provisions for subnormal (rehabilitable) and severely subnormal (custodial or long stay) patients. There should be separate hospitals for severely subnormal patients (not part of the proposed "district general hospital") whilst

the subnormal patient should be cared for " in comparatively small units, preferably of not more than 200 beds, which are best located in areas where after training the patients can be employed and so eventually may return to the community." On the face of it, this suggests that at least new " Units " are contemplated to serve a special type of patient, whilst probably the old " Colony " will revert to what it was originally—the permanent home and shelter of the severely subnormal. There is some expansion planned: the 59,840 beds available for subnormal patients in 1960 will have increased to 64,320 beds by 1975.

In view of this expansion in bed numbers and the suggested principle of the 200 beds units, one is justified in asking whether this will in fact mean progress in the real sense of the word. The White Paper states categorically " hospitals are for people " and this implies properly not merely for: " accommodation of people." Subnormal patients spend usually quite some time in hospital compared with the average general hospital patient. For many of them it is their home where they spend a large part of their lives. The environment plays an important part in the therapeutic process—yet what is being done about the " institutional atmosphere " of either the hospital for the severely subnormal or the unit for the subnormal patient? It appears to us that there is great room for improvement, even for radical new thinking. The whole concept of mental deficiency has changed: on the one side rehabilitation for the community and on the other a far more humane approach to the care of the long stay patient. Yet, there is some real danger that the new buildings which will go up will simply be a continuation of the old traditional concept of providing hygienic accommodation. This is not the fault of the architects who only carry out on a technical level the orders of their clients. It is entirely the fault of those who work in subnormality and who have apparently not even realized that new concepts of treatment could benefit greatly by tailor made buildings. It appears that here too there is great room for relevant research dealing with such questions as: is rigid segregation of the sexes still a must in this day and age? could workshop, training and social efficiency profit by a moderate amount of social mixing of the sexes? is the " dayroom " really the answer to the social life of a great ward? would there be some justification for a quiet room, a television room, a games room? for a canteen, accessible to staff, visitors and patients, irrespective of sex? could provisions be made right from the beginning for hobbies, for a pets' corner, for the safe keeping of private property exceeding the traditional locker-space? couldn't the dreary large dormitories with rows of beds be exchanged for smaller units furthering the ' living ' together aspects rather than the ' existing ' together aspect? and what about a schoolroom for adult education?

All these problems, arising from modern treatment and training practice require new architectural expression. Buildings designed in the old traditions cannot readily and sometimes not at all be adapted to the new design of treatment, even if titivated up by attention to better circulation, more economical running, more pleasing colours and furniture. There is need for special research, for a collating of all available information, on how the new buildings can serve best the new purposes. Information and suggestion of this kind is as useful, if not more so, than the usual Ministry advices regarding the minimum number of lavatories, space per patient, etc.

Research of this kind, new thinking and planned experimenting, to keep in step with new ideas, are very necessary but quite overlooked. The various disciplines concerned with the treatment and training aspects have never yet sat down together and worked out in detail their requirements in terms of human needs. Unless this happens soon we shall find that the new provisions for subnormals planned in the White Paper will be designed solely for the more efficient running by staff and for the accommodation of people, but will not agree with the spirit of the paper: Hospitals are for people.