

# COMMUNITY ACCOMMODATION FOR THE MENTALLY HANDICAPPED

M. QUINN, A. MARTINDALE\* and E. HUNTER

St. Catherine's Hospital, Doncaster, U.K.

\*Dept. of Statistics, Trent Regional Health Authority, Sheffield, U.K.

Hospitals for the mentally handicapped house patients who require neither medical treatment nor nursing care (McKeon and Leck, 1967). The following is a study of the reaction of a number of Social Services Departments to the problem of returning such patients to the community.

## Method

In December, 1971, the population of 532 patients in a large hospital for the mentally handicapped was reviewed by one of us (M.Q.) in consultation with members of the nursing staff. Using the criteria set out in the Ministry of Health enclosure to HM(65) 104, 212 patients who no longer required hospital care were identified; approximately 40% of in-patients (as compared with approximately 50% in the larger survey in Birmingham by McKeon and Leck, *op. cit.*). Names of 203 of these patients were sent to Local Authorities and acknowledgements were received from 13 Social Services Departments in the case of 192 patients.

139 patients concerned five Social Services Departments within the present catchment area of the hospital (Authorities B, D1, R, W.D., W.R.) and 73 patients were admitted from authorities which are now outside the catchment area (Authorities D2, D3, H1, H2, N, S, W, W.B.). All patients for whom acknowledgements were received were visited and assessed by Social Services personnel.

Results were analysed in terms of the outcome of these assessments.

## Results

The nine patients who were discharged by the hospital and the one patient for whom there was incomplete information were discounted.

For the remaining 182 patients, four categories of outcome of assessment emerged (figures in brackets refer to percentages of all notifications):

- i. Patients who were discharged by the Local Authorities (17%).
- ii. Patients put on the waiting list for discharge (23%).
- iii. Patients for whom no decision was taken (37%).
- iv. Patients not considered suitable for discharge (9%).

## Local Authority

It was not possible to make systematic comparisons between different Local Authorities because of the small and disproportionate numbers of patients involved. Nevertheless, there are indications that the outcome of assessments did depend on the different Local Authorities, e.g., almost half of acknowledged notifications were discharged by Authority D2 but only two out of 29 notifications were discharged by Authority B, where more than half of notifications were placed on the waiting list. In other authorities—H1, R, D.W., R.W.—no decision was taken for more than half of notified patients.

It was possible to make rigorous statistical comparisons between the two groups of Local Authorities from within and from outside the present catchment area of the hospital. There is no evidence that a greater proportion were discharged (Chi-

squared=0.001,  $p > .05$ ), placed on the waiting list (Chi-squared=0.207,  $p > .05$ ) or rejected as unsuitable for discharge (Chi-squared=0.047,  $p > .05$ ) by either group of Local Authorities.

### Sex

Although more men than women were notified, more than twice as many women than men were discharged (Chi-squared=14.89,  $p < .001$ ) as shown in Table I.

However, of those patients not discharged, there is no significant difference between sexes either in the proportion placed on the waiting list (Chi-squared=1.33) or in the proportion rejected as unsuitable for discharge for those who were not placed on the waiting list (Chi-squared=0.176).

**TABLE I**  
**Proportions of Men and Women Discharged by the Local Authorities**

	Discharged	Not Discharged	Total	% Discharged
Men	11	94	105	10.5
Women	26	51	77	33.8
Total	37	145	182	20.3

### Early and Late Notifications

Of those patients who were assessed by Local Authorities, 164 were notified in late 1971 and 18 in 1973. There were not enough late notifications to enable valid comparisons to be made with early notifications either in the proportion who were discharged or in the proportion who were rejected as unsuitable for discharge. However, of non-discharges, a significantly greater proportion of late notifications were placed on the waiting list for discharge (Chi-squared=5.75,  $p < .05$ ) as shown in Table II.

**TABLE II**  
**Comparison of Outcome of Assessment of Early and Late Notifications**

	Outcome of assessment by Local Authority				Total
	Discharged	Waiting List	No Decision	Unsuitable for Discharge	
1971 Notifications	36	38	73	17	164
Late Notifications	1	10	6	1	18
TOTAL	37	48	79	18	182

### Age and Length of Stay of Patients

Average ages and lengths of stay of patients in the four categories of outcome of assessment are shown in Table III.

There was no significant difference in age between discharged patients and patients who were not discharged ( $t=1.30$ ), but discharge patients tended to have had longer stay than those who were not discharged ( $t=2.11$ ,  $p<.05$ ). Although 14 children were notified, none were discharged.

Patients placed on the waiting list for discharge were significantly older than other non-discharged patients ( $t=2.68$ ,  $p<.01$ ) but did not have a significantly different duration of stay ( $t=1.82$ ). Patients rejected as unsuitable for discharge by the Local Authorities did not differ significantly in age or length of stay from those patients for whom no decision was taken ( $t=1.58$  and  $1.28$  respectively).

For all categories of notifications, men were significantly younger ( $t=3.30$ ,  $p<.001$ ) and had shorter duration of stay ( $t=2.01$ ,  $p<.05$ ) than women.

It was not possible to test for interaction effects between outcome of assessment and sex by Analysis of Variance because of inhomogeneity of variance caused by unequal numbers in different categories.

**TABLE III**

**Average Age and Length of Stay of Patients for Different Outcomes of Assessment**

	Outcome of assessment by Local Authority				Total	
	Discharged	Waiting List	No Decision	Unsuitable for Discharge	Men	Women
Average age (years)	46.3	46.6	37.7	44.3	37.7	49.1
Average length of stay (years)	24.8	22.6	17.9	21.9	19.0	23.7

### Period from Notification to Discharge

There was no significant relationship between either the age or the length of stay of patients and the period from notification to discharge (Pearson's,  $r=0.07$  and  $-0.20$  respectively).

Although a systematic study could not be undertaken, the period from notification to discharge seemed to depend to a great extent on the Local Authority. For instance, all four discharges from Authority D2 were discharged in under one month and all four discharges from Authority H1 were discharged after four months. However, all three discharges from Authority W were not discharged for over one year after the date of notification.

### Discussion

The outcome of a notification did not depend on whether the patient was admitted from within or from outside the present catchment area of the hospital. However, although systematic comparisons between individual Local Authorities could not be made, outcome of notification did seem to depend on particular Local Authorities. The small percentage of patients discharged reflects the shortage of

Local Authority hostel accommodation, which some authorities partly overcame by using council houses. Discharged patients tended to have had a long stay, probably because old persons' accommodation was available for them. Patients on the waiting list tended to be older than other non-discharged patients, presumably because accommodation of this type might become available.

Although more men than women were notified, more than twice as many women than men were discharged. This seems to fit in with our impression that most Local Authority hostel accommodation which has been recently provided is for females.

The very large number of patients for whom no definite plans have been made reveals a most unsatisfactory state of affairs. Patients frequently ask about their future, and this group cannot be reassured in any way.

Later notifications were made individually and because of this may have received more favourable consideration by Local Authorities.

The public are badly informed about long-stay patients in hospitals for the mentally handicapped, and are often given the impression that they are detained by hospital staff. This study has shown that it is not a simple task for hospitals to discharge such patients to the community.

### **Summary**

Approximately 40% of in-patients in a hospital for the mentally handicapped were identified as no longer requiring hospital care and their names were submitted to 13 Local Authorities for consideration for discharge. The outcome of assessment depended on the Local Authorities, the age, sex and duration of stay of patients and the date of notification to Local Authorities. Whether the patient came from within or from outside the present catchment area of the hospital did not seem to influence the outcome of assessment. The small percentage of discharged patients (which reflects the shortage of Local Authority accommodation) and the large number of patients for whom no definite plans were made reveal a most unsatisfactory state of affairs.

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### **References**

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