

their work environment. The ATC seems to be remarkably untouched by this thinking and the local management deals with centre policy and administrative matters, though many of these, e.g., incentive pay, timetables, assessment policies, are of deep concern to other professions as well. But according to the information supplied in this survey, the wardens of the hostel and the doctors were asked to consult with ACT's on these matters in only five cases, the speech therapist, the physiotherapist and psychologist not once. Of course, these professions tend to see the handicap in isolation rather than the handicapped person as a whole, but would it not be a tremendous step forward for the ATC to provide at this early stage of their development a framework which avoided the many mistakes of the residential facilities?

There is little doubt that the enthusiastic attention to the opportunities offered by the creation of a new professional environment for the development of the mentally handicapped which is not burdened by the millstone of traditional experience and practice, provides a most hopeful outlook for the future. The survey reflects this willingness of "having a go" at a vastly improved service, but it also reflects the existence of weaknesses, which are not inherent in this new approach but only the result of failure to realise that they have to be tackled before they have an adverse impact on the effectiveness of the new service we wish to create.

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## POINT OF VIEW

### FLOWERS FOR THE INSTITUTION—LILIES OR RED ROSES

The psychologist who has worked in the hospital for mentally handicapped people for many years necessarily becomes involved in the ongoing debate over the relative merits of hospital versus community care. It is often assumed by his colleagues from one or other of these fields that he will, therefore, hold opinions which support the particular pattern of care in which he works, especially if he has continued to work in this speciality and has not opted out in favour of less challenging fields. I remember an occasion some years ago when I was asked to present and discuss the film of the Brooklands Experiment to a local branch of the NSMHC. At the close of the meeting the secretary came up to me, greatly flustered, and apologised for having asked me to do this as she had not realised that I was from "one of those places."

Twenty-one years in the hospital service has taught me that the psychologist, by virtue of the nature of his work, is in a position to develop a measure of objectivity about the nature of the institutional pattern of care to which he, of course, contributes. Furthermore, he is in a position to commit himself to a process of changing those elements of the pattern which he feels to be in some way inadequate in promoting the well-being of the patients living within the institution. The process of altering the system, however, can be lengthy, fraught with problems and pitfalls.

At a recent professional meeting I set myself the task of reviewing, as objectively as possible, the current patterns of care provided by the hospital for the mentally subnormal. The title for my contribution was the same as for this Point of View, a matter of deciding which flowers to present to the hospital service, lilies or red roses. I found it necessary to review two aspects of the hospital's work, with children and with adults.

Where children are concerned two broad functions of the hospital emerge. The first covers the long-term care of children who are admitted at an early stage of their development, grow into adulthood and continue their lives within the hospital en-

vironment. The second covers what may be termed the acute admissions where the hospital admits the child for a specific course of treatment, either medical or behavioural, and discharges the child when treatment has been successfully concluded. In both types of admission the question is posed as to what living situation the child finds himself in on admission. Clearly the hospital is unlikely to provide an environment which even approximates to the normal family situation. Indeed, the legacy of past planning is one of large wards and, therefore, of group living. Although hospitals have been enabled to make many material improvements to children's wards, e.g., subdivision of day-rooms and dormitories into small living and sleeping areas, furnishings more appropriate to children, increased play apparatus, increased staffing where possible, psychological changes have been far more difficult to achieve. Indeed it may be argued that these may be impossible in the setting of a hospital which cannot provide a continuity of nursing staff which is necessary for children over a long period of time. It is this need for continuity which seems to me to be at the heart of the problem. One is taught that the developing child needs stable adult figures on whom to anchor his security growth, to model his behaviour and his language development. Where, through continual changes in nursing staff for instance, these conditions for continuity are not met, the child may demonstrate a vulnerability in the form of reduced functional level and attendant behaviour disorders. This line of argument is not new but has been recognised for many years, for instance, in the field of Child Care where fostering programmes have superseded the practice of grouping children in Children's Homes.

The child in long-term care is particularly vulnerable to adverse conditions of this sort. On the other hand, the child in short-term care, admitted for relatively short treatment programmes, is less likely to be affected. However, this form of approach by the hospital implies that the necessary concentration of professional staff required to implement the various treatment programmes is available. In some hospitals an increase in medical and professional staff has been shown over the past few years and new skills in, for example, behaviour modification techniques are being applied. It cannot be disputed, however, that many hospitals are still inadequately staffed to give more than the basic element of routine care, and that short-term care for many children can only take the form of temporary holding operations for families under stress. The stress begins again when the child returns home. It is for this reason I believe that priority should be given to the provision of alternative forms of care for long-term admissions, outside the environment of the hospital. This would then permit the hospital to develop its acute services and provide the most appropriate form of residential accommodation for implementing and supporting treatment programmes.

When one turns one's attention to the service given to adults in the hospital it is clearly not possible in a short "Point of View" to do justice to all the issues involved. Therefore I have selected one issue which I feel to be important. Many hospitals, affected in their thinking by "Better Services for the Mentally Handicapped", feel obliged to discharge more and more patients to the community. The community, however, has become progressively more saturated and is clearly unable to meet the demand from the hospitals, let alone make adequate provision for the care of the mentally handicapped who have not been admitted to hospital. On the other hand, the hospitals themselves have changed and many have developed liberal regimes for their patients, often in sharp contrast to the institutional conditions of past years. Many hospitals are no longer cut off from the surrounding communities; patients are more mobile in their regular shopping and leisure-time visits into the community. Conversely many more members of the community come into the hospitals, not merely as visitors but as active participants in recreational and social activities. In many ways the status of the patient has changed; personal choice and decision is encouraged in selecting those work and leisure activities in which he

wishes to participate. His freedom of decision has been further extended by many hospitals into social participation through the provision of Social Clubs or Centres.

One aspect of these changes, however, may not be so satisfactory. This is reflected in the current departure from the involvement of patients in the routine domestic services of the hospital. Whilst it has been argued that such employment in the past produced conditions of victimisation and exploitation, the point tends to be missed that this form of work provided the patients with the opportunities to learn and exercise skills which were clearly relevant to the life of ward and hospital and, therefore, to obtain social status by their contribution to the community of which they were part. In contrast many of the occupations offered by the modern hospital appear irrelevant and non-contributing in the context of the hospital community.

To argue in this manner invites the charge that one is looking back with nostalgia, through rose-coloured spectacles, at the old colonies of the 1930's. This may be so, but one cannot help but notice that many organisations outside of the NHS have built, or are planning to build, village communities, often as geographically remote from urban areas and, therefore, from the villagers' families as were the hospitals built in this century.

My argument eventually resolves itself into a consideration of whether the hospital, currently faced with increasing difficulties in discharging patients into a community which is progressively unable to offer a suitable living and working alternative, is equipped to provide the residential community which can meet the needs of its patients. In many respects the changes I have outlined above are beneficial and conducive to happiness, but for the hospitals to become the communities for the mentally handicapped in the real sense of the word, they must re-think the question of how the patients can contribute realistically to their community through their work.

In awarding flowers to the hospital I choose a bunch of valedictory lilies for services to children; for services to adults, however, I mix my flowers and present, therefore, red roses **and** lilies. In ten years time . . . ?

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