

DISCHARGE PROSPECTS OF A MENTAL HANDICAP POPULATION: A SURVEY OF NURSING PERCEPTIONS

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Introduction

Since the publication of the Government white paper "Better Services for the Mentally Handicapped" (DHSS, 1971) all mental handicap hospitals in England and Wales have adopted the policy of discharging their longstay mentally handicapped patients to smaller houses/units situated in the community setting. However, the rate of such discharges has varied among different regions and districts. It seems that the financial restraints and pressures of creating new services in the community have had a major influence on the rate of discharges from such hospitals. In our experience the service provisions in the community are often not led by the needs of the mentally handicapped patients but the selection of patients to be discharged is influenced by available resources and services in the community. This may result in some of the needs of

the mentally handicapped patients not being met upon discharge. In planning a discharge from the hospital, an evaluation of clinical and nursing factors affecting discharge and subsequent adjustment in the community is utmost. The members of the nursing staff in a mental handicap hospital are often in the best position to assess the range of services required for successful integration of mentally handicapped person in the community. With this in mind, a survey of nursing perceptions about the suitability of mentally handicapped patients' discharge from hospital, was planned. Summerfield (1988) in a similar survey reported a high level of agreement (67% or more) between several nurses' viewpoint in 88% of patients in his sample. Hence we decided not to seek the views of several nurses for each patient.

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Method

The study was undertaken in a mental handicap hospital in the south of England. At the time of the study there were 275 inpatients in the hospital and like many other similar hospitals, it was targeted for closure following discharge of patients into the community. It was felt that the nurse in charge of each ward was the best person who could give a considered opinion about the needs of a particular patient and his/her suitability for discharge. A questionnaire in respect of each patient was completed by the person in charge of the ward, usually a charge nurse or ward sister, who had known the patients very well over a period of years.

The questionnaire, specifically designed for the purpose of this study, sought information about the patient's level of self-help skills, comprehension and speech; mobility; epilepsy and general management. The nurses were also asked whether, in their opinion, the patients could be discharged and managed in the community with minimal support or were likely to require prolonged inpatient treatment due to their mental illness, behavioural disturbances or general nursing needs on account of any medical condition. For those considered suitable for discharge, the nurses' opinion was sought on what problems they may still experience in managing them in the community.

In addition, the casenotes of all patients were also examined to corroborate the information relating to the degree of mental handicap and the presence of psychiatric disorder (existing diagnosis). No attempts were made to examine the

patients with a view to establishing a diagnosis. Statistical analysis was carried out using Chi-squared (χ^2) test with Yates' Correction. The questionnaire used in the study is given in the Appendix.

Results

1. Demographic and clinical data.

The distribution of age, sex, degree of mental handicap, mobility, epilepsy and presence of psychiatric disorder is shown in TABLE I.

2. Nursing perceptions about discharge into the community.

The nurses' perceptions about the patient's suitability/unsuitability for discharge, problems likely to be experienced upon discharge and factors preventing discharge are summarised in TABLE II.

Among those considered suitable for discharge, the nurses reported that some difficulties were likely to be experienced in management in seventy-two (26%) patients. These problem behaviours, in order of frequency are shown in TABLE III.

Patients over the age of 60 years were significantly more likely to be considered suitable for discharge ($\chi^2=7.93$, $df=1$, $p<0.005$) than any other age group.

3. Analysis of patients considered unsuitable for discharge.

a. *Those requiring inpatient care due to mental illness.*

There were no significant differences in terms of their age and sex distribution, mobility and epilepsy. Seven

TABLE I
Demographic and Clinical Data

Variable	Number (n = 275)	Percentage
(a) Age		
18 to 30 years	18	6
31 to 45 years	146	53
46 to 60 years	74	27
over 60 years	37	14
(b) Sex		
Males	116	42
Females	159	58
(c) Degree of Mental Handicap		
Mild (I.Q. 50 - 70)	22	8
Moderate (I.Q. 35 - 50)	74	27
Severe (I.Q. 20 - 35)	152	55
Profound (I.Q. below 20)	27	10
(d) Mobility		
Ambulant	216	78
Non ambulant	59	22
(e) Epilepsy	86	31
(f) Psychiatric disorder	123	45
Behaviour disorder	93	34
Mental illness	30	11

TABLE II
Nursing Perceptions

Perceptions	Number (n = 275)	Percentage
(a) Could be discharged successfully to a small home setting with minimal supervision	188	68.4
(b) Among those suitable for discharge, some difficulties in management likely to be experienced.	72	26
(c) Could not be discharged to an ordinary housing situation and required prolonged inpatient care.	87	31.6
(d) Factors preventing discharge (not mutually exclusive)		
i Predominant Mental Illness	15	5
ii Predominant Behaviour Disorder	22	8
iii Need for Physical/Nursing care	56	20

TABLE III
Likely problems among those suitable for discharge

Problems (not mutually exclusive)	Number (n = 188)	Percentage
1. Aggressive behaviour	46	24.5
2. Violent behaviour	16	8.5
3. Self Injury	12	6.4
4. Incontinence	10	5.3
5. Noisy behaviour	10	5.3
6. Unnecessary attention seeking	10	5.3
7. Bizarre and odd behaviour inappropriate to circumstances	7	3.7
8. Other inappropriate behaviour e.g. undressing	6	3.2
9. Inappropriate sexual behaviour	5	2.7
10. Stealing	5	2.7
11. Excessive crying	4	2.1
12. Absconding	3	1.6

patients (46%) had a moderate mental handicap (higher than expected) and six patients (40%) had severe mental handicap (lower than expected). These differences did not achieve statistical significance.

b. Those requiring inpatient care due to behaviour disorder.

Significantly more patients (n=18, 82%) were in the younger age group, between the age of 31 and 45 years with a corresponding decrease (n = 2, 9%) in those over the age of 45 years ($\chi^2 = 6.26$, $df = 1$, $p < 0.025$). Also, a greater number of patients (n = 15, 68%) had a severe degree of mental handicap with a decrease in numbers of those with mild or profound handicap (n = 7, 32%), but these differences did not achieve statistical significance.

c. Those requiring physical and nursing care.

In this group there were more males (n = 31, 55%) than females (n = 25, 45%), but in terms of the whole sample this difference was not statistically significant. Such patients were significantly more likely to have also a profound mental handicap - n = 26, 47%, $\chi^2 = 70.7$, $p < 0.0001$; to suffer from epilepsy (n = 27, 48%, $\chi^2 = 4.75$, $p < 0.05$) and to be non ambulant (n = 34, 61%, $\chi^2 = 10.1$, $p < 0.005$).

Discussion

Summerfield (1988), in a similar study, asked from several nurses involved in patient's care this simple question: "In your personal opinion

could he/she ever be discharged from hospital and live in a community facility of some kind?" Despite such a flexible and open ended question, only 15% of mentally handicapped inpatients were considered dischargeable by the majority of nurses (67% or more). In our study, despite a narrow choice of community provisions, a much higher proportion (68.4%) of longstay inpatients of large mental handicap hospital were considered by nurses to be dischargeable into the community. There could be a number of reasons for this markedly different opinion of nurses from two similar hospitals. We believe this is largely due to the attitudes of staff, hospital managers and other professionals involved in the care of mentally handicapped people in the community. Also, the geographical location of the hospital and previous experiences of successes and failures with resettlement from the hospitals into community influence the views about suitability for discharge.

A certain proportion of mentally handicapped patients in hospitals who have a diagnosis of mental illness and/or severe behaviour disorder are always considered unsuitable for discharge. It is our experience that although such patients could not be managed in ordinary housing conditions by untrained staff/carers, they could be managed with 24 hour support from specialist/trained staff who had experience of managing such patients.

In a survey of this kind, it is difficult to establish clearly what proportion of patients would require nursing care due to their mental illness or behaviour disorder, because of the difficulties

associated with making a diagnosis of mental illness in mentally handicapped persons. The examination of the case records showed a clear cut diagnosis of a mental illness in 30 (11%) patients. This figure seems to be somewhat higher than the figures reported by Reid (1972) (4.4%), by Heaton Ward (1977) (4.6%) and by Craft (1959) (7%). We believe that the increase in the percentage of mentally ill mentally handicapped persons in our study is the result of discharging inpatients who are less likely to be mentally ill from hospital to the community setting according to a selection process.

Spencer (1977) reported that the success of a programme aimed at discharging mentally handicapped patients from the hospital depends on the facilities available in the community and that low intellectual capacity was not necessarily a bar to life in the community setting as long as there was no severe behaviour disorder, incontinence or physical disability. In our survey too, it is perceived by the nurses that only 31.6% of inpatients of mental handicap hospitals (of all severities of mental handicap) could not be discharged into the community and that the factors considered to be preventing discharge were the presence of predominant mental illness, severe behaviour disorder or need for physical and nursing care. Those with profound mental handicap, epilepsy and the non-ambulant persons were particularly likely to fall into this group.

The following question then arises: what will happen to those patients who are identified as requiring some form of

specialist psychiatric treatment as inpatient? In accordance with the Government policy of closure of large mental handicap hospitals, it becomes necessary to discharge these patients into the community, though Day (1983) has argued that residential hospital provision for mentally handicapped people with extreme behaviour problems and/or mental illness is still required. Gunzburg (1994) has stressed the need for continuing treatment and supervision in the community for a large number of mentally handicapped people discharged from the hospital.

Summary

This study examines the views of the nursing staff of a large hospital for mentally handicapped patients about their suitability for discharge into the community in an ordinary setting. Unlike previous studies, a high percentage (68.4%) of longstay patients were considered to be suitable for discharge with minimal supervision. Factors preventing discharge included predominant mental illness, behaviour disorder and a need for physical/nursing care. Among those considered suitable for discharge, a range of behavioural difficulties were likely to be experienced in 26% of patients. It is debated whether those requiring specialist care/treatment should be managed in a hospital setting or in the community.

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APPENDIX

Questionnaire for Assessing Patients by Nurses

1. Name of Patient.
2. Age
3. Sex. M/F
4. Patients' level of Self Help Skills
 - Almost independent.
 - Needs prompt in some activities.
 - Needs help in some activities.
 - Needs help in most activities.
 - Almost dependent on care staff.
5. Comprehension and Speech.
 - Can comprehend and speak fluently.
 - Can comprehend and speak a little.
 - Can only speak short sentences.
 - Can only speak a few words.
 - No speech at all.
6. Is patient fairly ambulant.
 - Yes/No.
7. Does patient suffer from epilepsy.
 - Yes/No.
8. In your opinion could the patient be discharged in the community with minimal support
 - Yes/No.
9. If the answer to 8 is Yes, what problems (if any) in management you are likely to experience in the community setting - (tick as many as appropriate).
 - Absconding
 - Aggressive behaviour
 - Violent behaviour
 - Self Injury
 - Incontinence
 - Inappropriate sexual behaviour
 - Stealing

- Noisy behaviour
 - Excessive crying
 - Unnecessary attention-seeking
 - Bizarre and odd behaviour (inappropriate to circumstances).
 - Other inappropriate behaviours e.g. undressing.
10. If the answer to 8 is NO, give reasons preventing discharge.
- requires inpatient care due to mental illness.
 - requires inpatient care due to severe behaviour disorder.
 - requires inpatient care due to physical/nursing care needs.

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