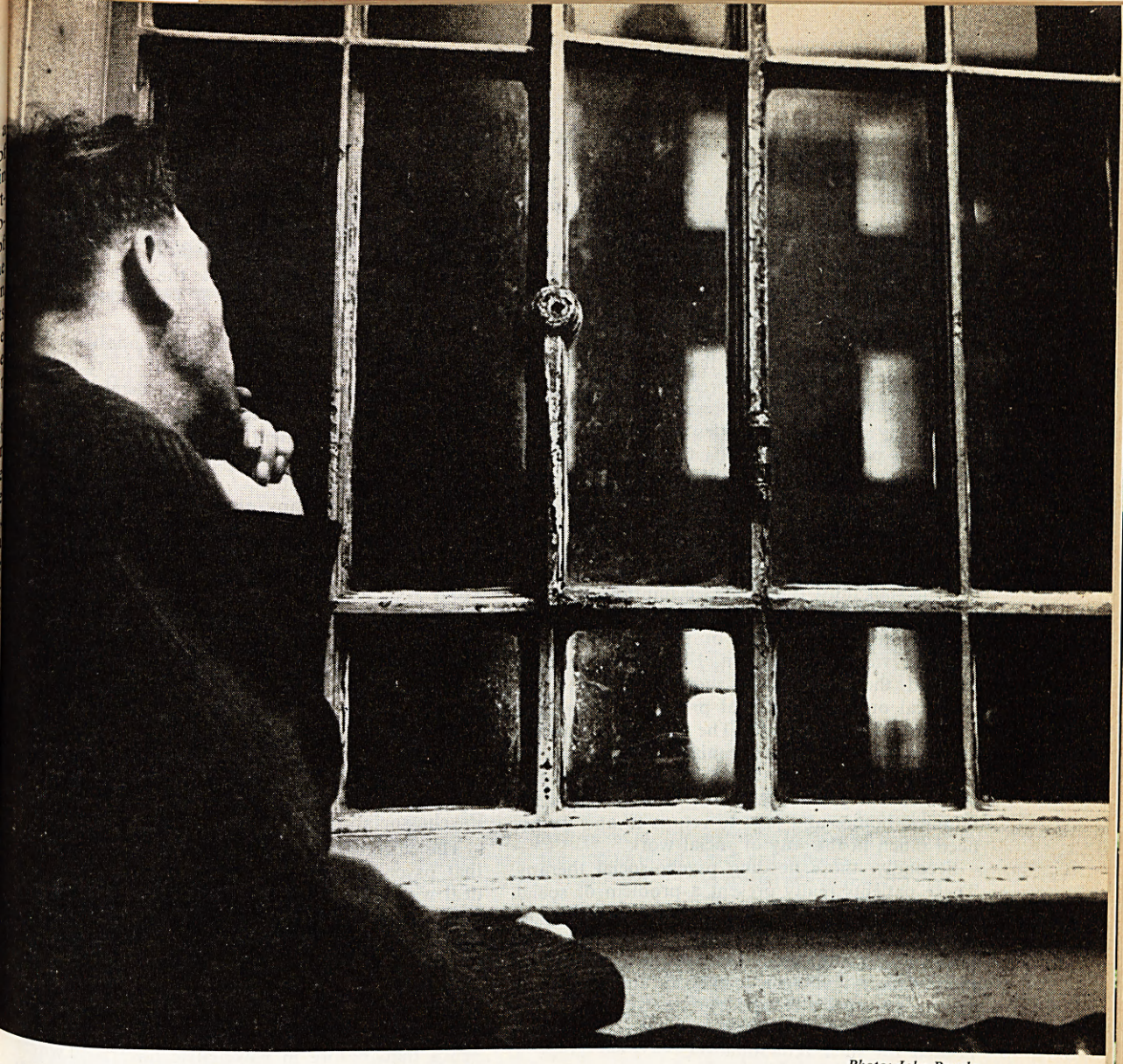

Photo: John Brooke

How to use the hospitals

BY JOHN le GASSICKE & G. B. STENHOUSE

A CENTURY ago, psychiatric hospitals were built to give asylum, often for many years, to patients suffering from severe—and then incurable diseases—like schizophrenia, manic-depressive psychosis and epilepsy. In more recent times, these large and often cumbersome institutions have changed their role, to become centres of treatment, rather than custody. This transformation was often symbolised by a change of name, from 'county asylum' to 'St. so and so's hospital'.

The role of the hospital has also become more complex. With improved methods of physical and social treatment, the severe psychiatric illnesses are no longer the most time-consuming problems for psychiatrists, and patients do not have to spend such long periods in hospital. Even so, the number of new patients coming into psychiatric hospitals has increased enormously in the post-war years. This is because more and more patients, with other kinds of conditions, in addition to those that were originally dealt with, are being referred for treatment.

What, then, are the therapeutic roles that a modern psychiatric hospital has to play? On the one hand, there are patients who generally respond to drugs or electrical treatment (physical therapy)—these are mostly the original group, just described. Secondly, there are patients with more abstruse conditions, for which physical treatments are not appropriate; these conditions are more abnormalities of personality and social adaptation, than illnesses.

It is very important that these different therapeutic problems should be recognised and dealt with in a positive way. At present, some hospitals have highly organised facilities for physical treatment, but poor arrangements for social rehabilitation and psychotherapy. Others may put undue emphasis on group psychotherapy, with a relative neglect of physical treatment. Since the role of the psychiatric hospital has become more complex, all aspects of psychiatric treatment must be included, and the staff must function as a multi-disciplinary team.

There are four groups of patients, from the point of view of treatment. First, those needing physical therapy. Patients admitted mainly for electrical or drug treatment present no particular problem of management. The hospital need only provide them with congenial surroundings in which to get well, and these surroundings in themselves can help many patients. They usually have families, homes and jobs to return to and do not need much in the way of social work.

Secondly, those needing psycho-social therapy. These patients really present a problem of social, psychological and interpersonal difficulties, although they are often helped to some extent by physical treatments. Therapeutic community methods and involvement in work and social activities are especially appropriate for them. The services of social workers are also particularly needed for their rehabilitation.

Protected environment

Thirdly, those needing custodial therapy. In spite of the unhappy associations of the word 'custodial', a proportion of psychiatric patients feel safe in a protected environment. Though they may not stay long themselves, they are likely to be grouped with long stay patients. Though active treatment and rehabilitation is provided for them, these are not the main lines of their management. Careful supervision may be needed at times.

Fourthly, those needing medical treatment. Psychiatric hospitals always have a sick ward and some patients will be admitted there directly, or after a few days in the admission ward. Their problem is one of traditional medical care, and though there may be psychiatric disability, this is not the main aspect of their management.

This is a classification by *treatments*, which should not be confused with one by *diagnoses*. In fact, diagnosis in psychiatry is rather vague and inexact, and is sometimes little more than a label. This classification should help to clarify the patient's total state and indicate the type of facilities that have to be provided in a psychiatric hospital.

To test out the classification, we analysed the records of 80 patients, admitted to the care of our team at St. George's from July to December, 1966. Patients aged over 65 were excluded from the study and the treatment classification was allocated by the two of us independently, with a large measure of agreement.

The physical therapy group contained the largest number of patients (32), but they took up the smallest amount of bed occupancy (21%). From the point of view of bed-space, the psycho-social group (33%) and the custodial group (42%) are much larger problems. All the patients in the physical and psycho-social groups had been discharged by the end of February, 1967, but, of the custodial group, seven out of eighteen still remained. Five of these will probably have to stay in hospital indefinitely. The medical treatment group accounted for the remaining 4% of the bed usage of the sample.

Psycho-social group

The custodial group contains the type of patient that psychiatric hospitals have been equipped to deal with for a long time. In general, they do not need special provision. The real problem group is the psycho-social one, consisting mostly of patients with chronic personality difficulties. Many come into hospital because of some crisis in their lives, which upsets their hitherto marginal adjustment. This kind of patient seems to be taking up more space than before in psychiatric hospitals, where they have become major preoccupation. In this test survey, they accounted for 60% of the bed occupancy in our short-stay unit, although they were fewer in numbers than the physical therapy group.

What is the best way of dealing positively with this problem? One answer might be special units for psycho-social therapy in psychiatric hospitals. The organisation would be orientated around therapeutic community methods, designed to improve communication and break down traditional authority barriers. Patients would be encouraged to share and discuss their problems with each other, with nurses, doctors and social workers who have a special interest in this kind of work. Treatment of this group of patients is still largely empirical, but a scheme of this sort would make the fullest possible use of present knowledge.