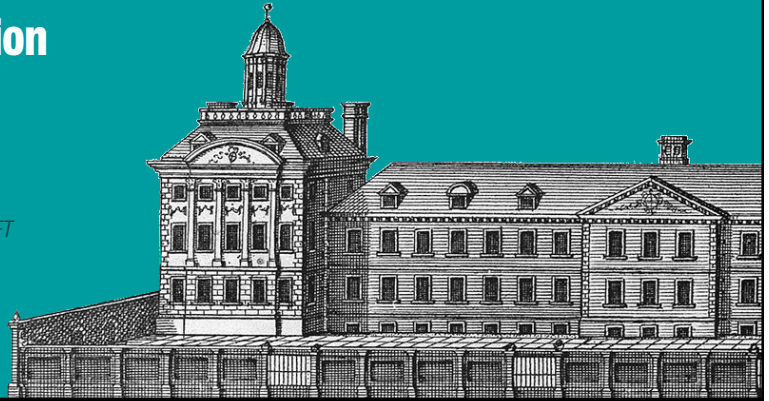


Topic in Action 1.2:
Deinstitutionalisation

Dr Frank Holloway
Emeritus Consultant Psychiatrist SLaMNHST



Part 1

Deinstitutionalisation and community care

Deinstitutionalisation

Transinstitutionalisation

Deinstitutionalisation as an
international phenomenonThe hospital closure
movement

Ideology

Technology

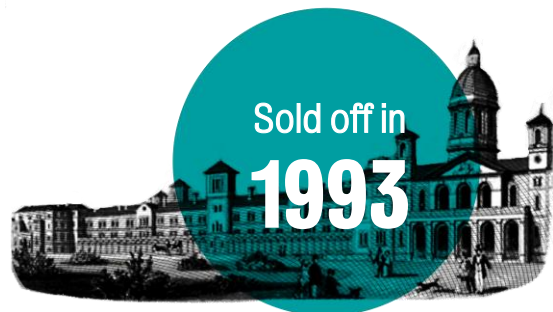
Economics

TAPS

Colney Hatch Asylum

*Later
Friern Barnet Hospital*Opened in
1851c **3500**
residents

Longest hospital corridor in Europe

Sold off in
1993

Defining deinstitutionalisation (1)

replacing long-stay psychiatric hospitals

less isolated community mental health services

1st

The first focuses on reducing the population size of mental institutions.



2nd

The second focuses on reforming mental hospitals' institutional processes.



Week 1 A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.2: Deinstitutionalisation

5 of 26

Defining deinstitutionalisation (2)



1

Running down the traditional mental hospitals by improving throughput

2

Developing community-based services

3

Improving practice within the psychiatric hospitals

Week 1 A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.2: Deinstitutionalisation

6 of 26

A critical view from within psychiatry (1)



Torrey, E. F. (1997). *Out of the shadows: Confronting America's mental illness crisis*. New York: John Wiley & Sons

“ Thus deinstitutionalisation has helped create the mental illness crisis by discharging people from public psychiatric hospitals without ensuring that they received the medication and rehabilitation services necessary for them to live successfully in the community.

Deinstitutionalisation further exacerbated the situation because, once the public psychiatric beds had been closed, they were not available for people who later became mentally ill, and this situation continues up to the present. Consequently, approximately 2.2 million severely mentally ill people do not receive any psychiatric treatment. ”

Torrey (1997)

Week 1 A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.2: Deinstitutionalisation 7 of 26

A critical view from within psychiatry (2)



Torrey, E. F. (1997). *Out of the shadows: Confronting America's mental illness crisis*. New York: John Wiley & Sons

“ For a substantial minority, however, deinstitutionalisation has been a psychiatric Titanic. Their lives are virtually devoid of "dignity" or "integrity of body, mind, and spirit." "Self-determination" often means merely that the person has a choice of soup kitchens. The "least restrictive setting" frequently turns out to be a cardboard box, a jail cell, or a terror-filled existence plagued by both real and imaginary enemies. ”

Torrey (1997)

Week 1 A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.2: Deinstitutionalisation 8 of 26

Transinstitutionalisation (1)



Marshall, G. (1998). *A Dictionary of Sociology* (2nd ed.). New York: Oxford University Press

“ A process whereby individuals, supposedly deinstitutionalised as a result of community care policies, in practice end up in different institutions, rather than their own homes.

For example, the mentally ill who are discharged from, or no longer admitted to, mental hospitals are frequently found in prisons, boarding-houses, nursing-homes, and homes for the elderly. **”**

Marshall (1998)

Week 1 A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.2: Deinstitutionalisation 9 of 26

Transinstitutionalisation (2)



The NHS, the private sector, and the virtual asylum. Proper systems are needed to develop, manage, and monitor cooperation between public and private sectors.

Poole, R., Ryan, T., Pearsall, A. (2002). *BMJ*, Volume 325. Retrieved from <http://www.bmj.com>



Deinstitutionalisation in mental health care: comparison of data on service provision from six European countries.

Priebe, S., Badesconyi, A., Fioritti, A., Hansson, L., Kilian, R., Torres-Gonzales, F., Turner, T., Wiersma, D. (2005). *BMJ*, Volume 330. Retrieved from <http://www.bmj.com>

Week 1 A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.2: Deinstitutionalisation 10 of 26

“Decarceration”: A sociological/historical perspective (1)



Andrew Scull, *Decarceration*, published in 1977; republished in 1984

Complex polemic



motivation to close mental hospitals

save money

shift costs

encourage private sector

“Evidence of benefits to [deinstitutionalised] psychiatric patients, especially those hospitalised over long periods, is not to be found anywhere in the psychiatric literature”

Scull (1984)

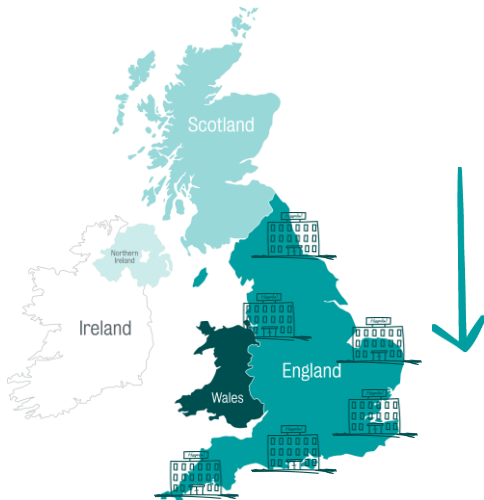
Week 1 A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.2: Deinstitutionalisation

11 of 26

“Decarceration”: A sociological/historical perspective (2)

TAPS tells it differently...



Trieman & Leff (2002)

Week 1 A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.2: Deinstitutionalisation

12 of 26

Approaches to deinstitutionalisation

Fuller Torrey

Marshall

Scul

Optimistic view

Week 1 A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.2: Deinstitutionalisation

13 of 26

What happened, why and how?

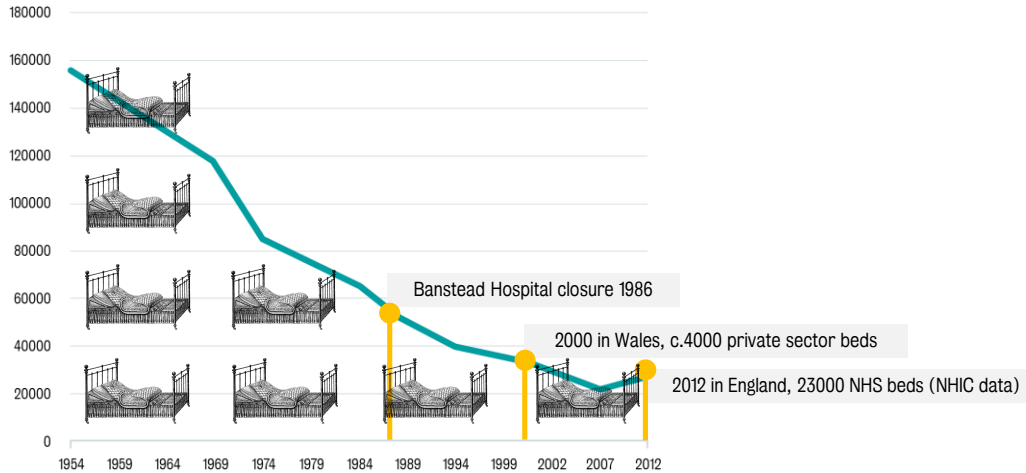
Week 1 A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.2: Deinstitutionalisation

14 of 26

The what?

Deinstitutionalisation in England and Wales: Bed numbers 1954 -2012



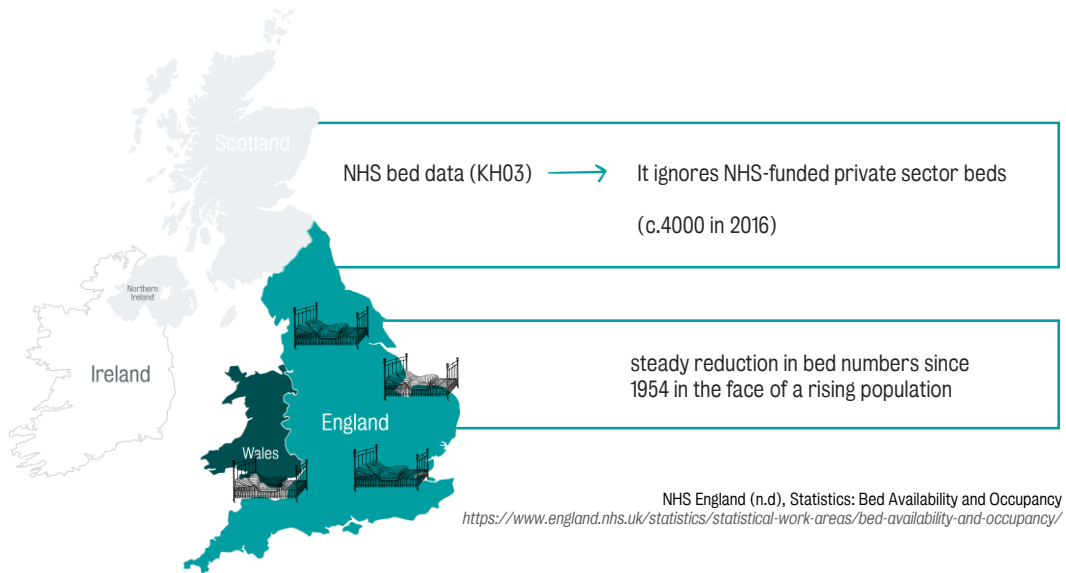
Thornicroft (2011)

Deinstitutionalisation (1)

Deinstitutionalisation = less mental hospital beds



Deinstitutionalisation (2)

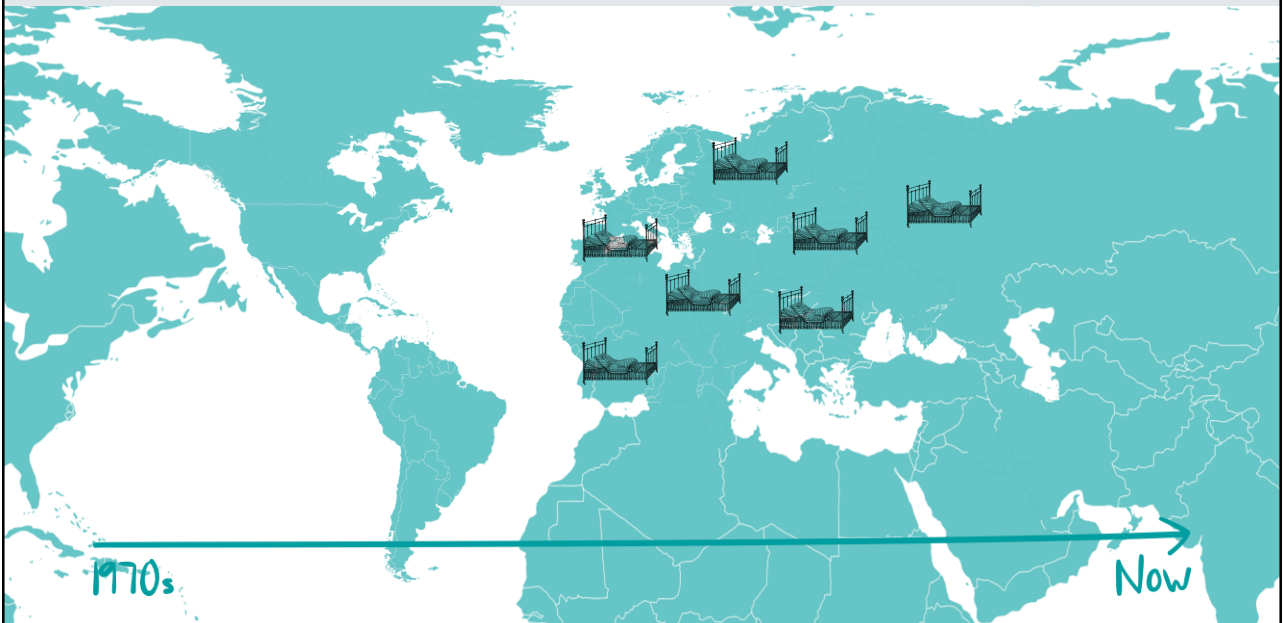


Week 1 A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.2: Deinstitutionalisation

17 of 26

International trends in inpatient provision



Week 1 A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.2: Deinstitutionalisation

18 of 26

European data

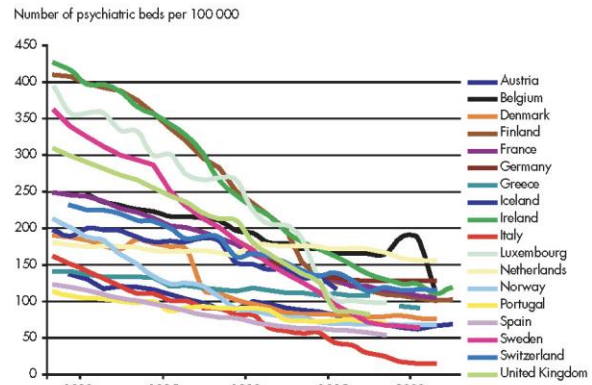
The UK started high and ended low

The story of Europe's mental health services is extremely complex (Shorter, 1997)

© World Health Organization 2005, on behalf of the European Observatory on Health Systems and Policies

All rights reserved. The European Observatory on Health Systems and Policies welcomes requests for permission to reproduce or translate its publications, in part or in full (see address on inside back cover).

Figure 1: Trends in the numbers of psychiatric beds in western Europe, 1978–2002

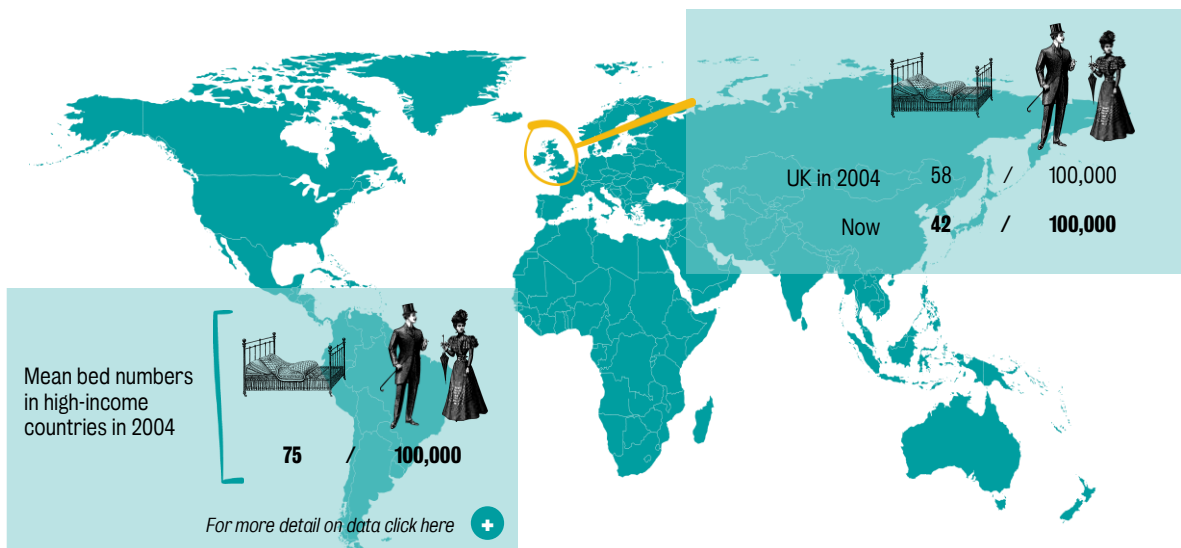


McDaid & Thornicroft (2005); Shorter (1997)

Week 1 A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.2: Deinstitutionalisation 19 of 26

International trends in inpatient provision: European data (1)



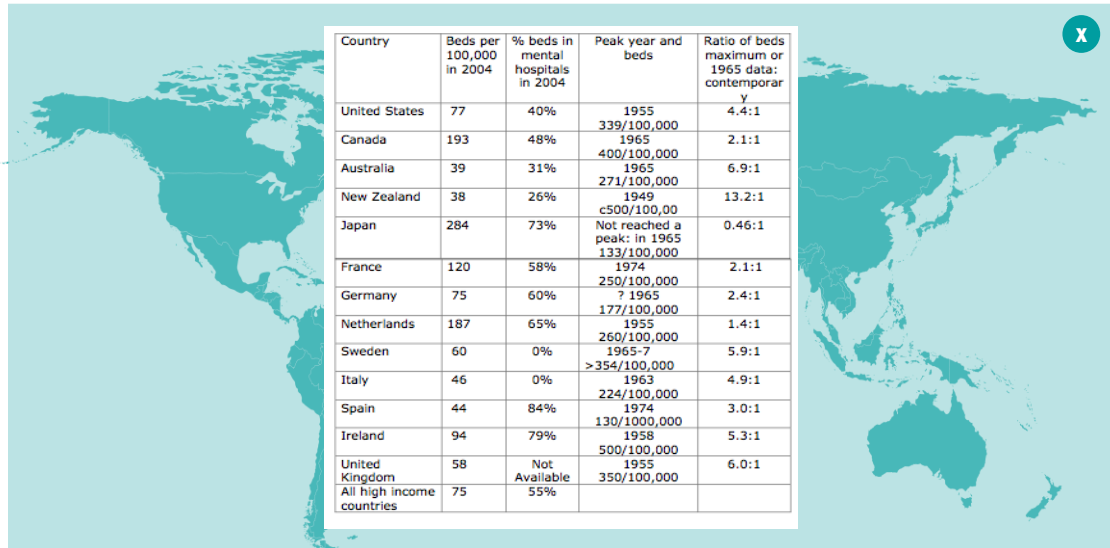
Project Atlas Data. WHO (2005)

or click next to continue...

Week 1 A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.2: Deinstitutionalisation 20 of 26

International trends in inpatient provision: European data (2)



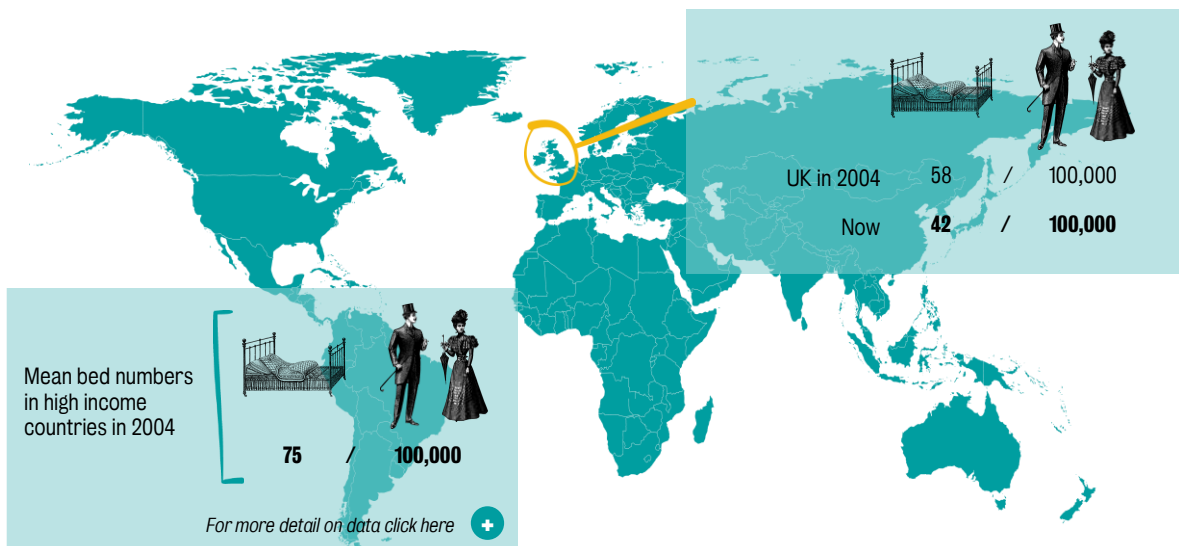
Project Atlas Data. WHO (2005)

Week 1 A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.2: Deinstitutionalisation

21 of 26

International trends in inpatient provision: European data (1)



Project Atlas Data. WHO (2005)

or click next to continue...

Week 1 A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.2: Deinstitutionalisation

22 of 26

Bed reductions continue

Time series of “available beds” in England 2010–2015 in NHS providers

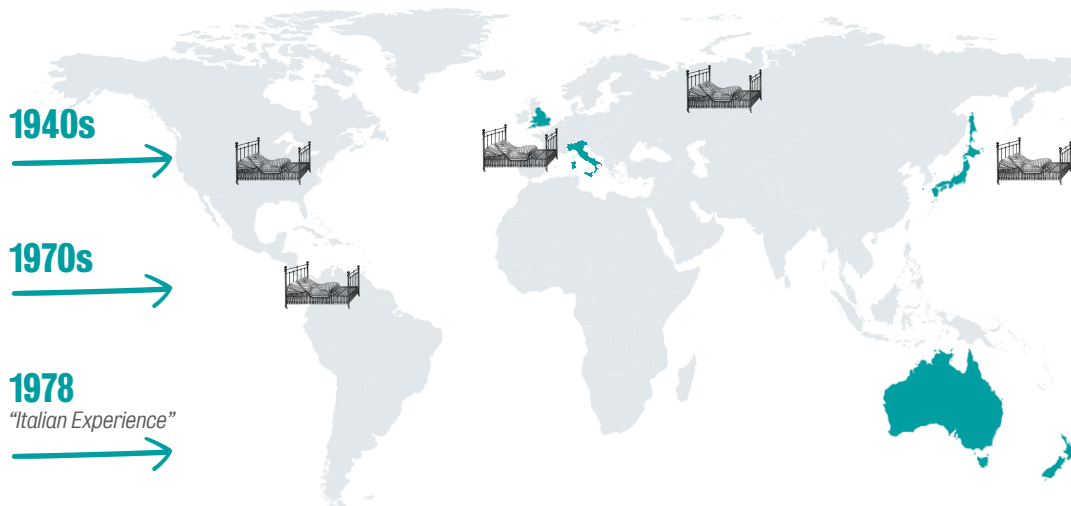
Year	Period	Org name	Total	General & Acute	Learning Disabilities	Maternity	Mental Illness
2010/11	Q1	England	144,455	110,568	2,456	7,906	23,515
2010/11	Q2	England	141,477	108,349	2,237	7,962	22,929
2010/11	Q3	England	141,630	108,023	2,088	7,778	23,740
2010/11	Q4	England	142,319	108,890	1,974	7,848	23,607
2011/12	Q1	England	137,354	104,574	1,721	7,805	23,253
2011/12	Q2	England	138,525	105,545	1,784	7,987	23,208
2011/12	Q3	England	137,963	105,245	1,756	7,946	23,016
2011/12	Q4	England	140,454	107,449	1,937	7,948	23,121
2012/13	Q1	England	137,287	104,888	1,966	7,883	22,269
2012/13	Q2	England	135,559	103,730	1,743	7,816	22,269
2012/13	Q3	England	136,044	103,956	1,728	7,864	22,496
2012/13	Q4	England	138,178	106,374	1,697	7,839	22,268
2013/14	Q1	England	136,459	104,855	1,706	7,789	22,109
2013/14	Q2	England	135,037	103,643	1,662	7,707	22,025
2013/14	Q3	England	135,489	104,244	1,636	7,679	21,931
2013/14	Q4	England	136,811	105,581	1,671	7,829	21,731
2014/15	Q1	England	135,754	104,738	1,552	7,714	21,750
2014/15	Q2	England	134,753	103,758	1,518	7,858	21,618
2014/15	Q3	England	134,573	103,865	1,484	7,777	21,446
2014/15	Q4	England	136,946	106,250	1,455	7,868	21,374
2015/16	Q1	England	131,795	104,096	1,322	7,809	18,569
2015/16	Q2	England	130,633	102,330	1,302	7,751	19,249

NHS England (n.d.)

Week 1 A history of ‘madness’: Deinstitutionalisation to community care

Topic in Action 1.2: Deinstitutionalisation 23 of 26

What’s the story?

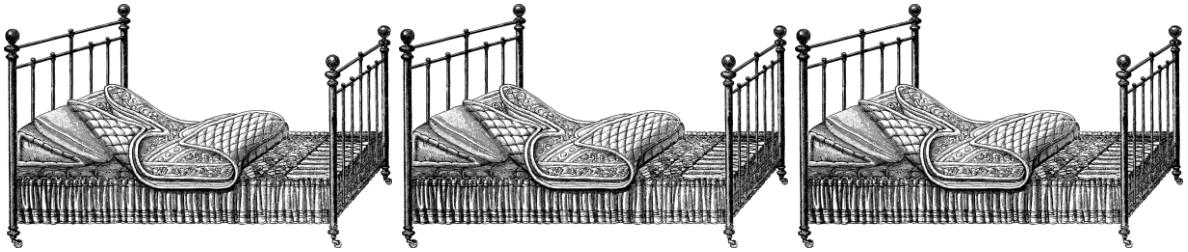


NHS England (n.d.)

Week 1 A history of ‘madness’: Deinstitutionalisation to community care

Topic in Action 1.2: Deinstitutionalisation 24 of 26

Why it happened?



Week 1 A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.2: Deinstitutionalisation 25 of 26

End of part 1

Week 1 A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.2: Deinstitutionalisation 26 of 26