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CHANGE IN A BRITISH PSYCHIATRIC SERVICE

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Changes in the Croydon Psychiatric Service consequent upon the adoption of a community mental health orientation are described, and the effects of the initial phase of implementation are noted in terms of data collected for a year preceding and following this phase. The major effects are seen in reduction of readmission rates to the mental hospital, and in a redistribution of patients among the wider range of facilities.

Mental health legislation in Great Britain has always encouraged new developments, and the Mental Health Act of 1959 sanctioned the cooperation of Local Health Authorities and mental hospitals with regard to the development of joint services.

The major orientation of the policy developed in the Croydon Psychiatric Service was reported by May, Sheldon, and Mackeith (1962). In essence this paper suggests that the focus for a community mental health service is naturally the community, and should involve more than the extension of the hospital into the community. The hospital should take its place in a flexible network of units, jointly supervised by community and psychiatric services.

The process of reorganization was felt to involve more than the transfer of administrative responsibility, or the development of new facilities. It was felt to imply a change in attitude, from that of an orientation emphasizing the individual patient and his disease, to one emphasizing the family and the community. This necessary attitude change could only be brought about by the appropriate training of staff, and by their constant confrontation with critical issues.

The main forms which the initial phase of this reorganization took were as follows:

1. New facilities were supplied in the community, and a number of existing ones were transferred there, or their functions modified.

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2. Certain of these facilities were jointly administered by the psychiatric service and the local health authority.

3. Certain staff were jointly appointed both to local health authority and psychiatric service.

4. Certain staff roles were clarified.

5. Regular case conferences were arranged to which both staff from local health authority and the hospital were invited.

6. New training programs were instituted for occupational therapists, trainee psychologists, trainee social workers, social science students and social work students. These, together with already existing programs for psychiatrists and nurses, were to include experience in all the various facilities of the psychiatric service.

In this paper, some of these changes consequent upon the adoption of a community mental health approach are outlined in historical perspective, under the general rubrics of inpatient services, day hospital, outpatient services, and home assessment and care. Their effects are discussed in terms of the criteria suggested.

INPATIENT SERVICES

Warlingham Park Hospital

Until 1961, the psychiatric services in Croydon were primarily based upon Warlingham Park Hospital. At the time of the study (1962), this was an open mental hospital of some 950 beds. Admission, discharge, and residency figures for the five years, 1956—1960, are appended in Table 1. The hospital was organized with the male and female patients separate, each side under a psychiatric consultant and a team of junior doctors. Each side had its own admission and rehabilitation units with weekly conferences for each, involving representatives from both hospital and community. Staffing of the hospital consisted of 16 psychiatrists, of whom 4 were consultants; 7 occupational therapists; 2 psychologists; 2 psychiatric social workers; and 88 nurses, with 57 assistant nurses and 36 nurses a year in training.

The major reorganization referred to above took place in the summer of 1961. Before this, patients were admitted to Warlingham Park mainly through the outpatient department, although small numbers were admitted directly or through domiciliary visits or by other means. Discharged patients were sent, for the most part, either to the outpatient clinics, or back to their general practitioner, although a few were referred to the day hospital or to the social clubs. Just over half the discharged patients received psychiatric aftercare in 1960. Until 1961, all patients leaving the hospital were followed-up routinely one year after their date of admission by the outpatient nurse who reported to a monthly conference their current status. In 1961, this procedure was revised. Patients who had been referred back to their general practitioner or had left the hospital against advice, numbering about 30 a month, were to be followed-up at a date designated by the discharging psychiatrist, not more than one year from their discharge from hos-

TABLE 1

CROYDON PSYCHIATRIC SERVICE

	Warlingham Park Hospital			Day Hospital					Outpatient	
Year	Admissions	Resident Patients	Discharges	Total Attendance	Mean Daily Attendance	Admission	Discharges	Outpatient Nurses Followup Visits	Admissions	Sessions
1956	893	1036	827	—	—	—	—	—	879	1566
1957	860	984	821	2219	14	34	33	240	869	1505
1958	782	964	694	3285	16	25	19	630	711	1356
1959	938	NK	826	4219	23	31	27	NK	787	642
1960	1136(900)	952	1050(814)	4971	27	32	32	1000	843	666

Note. — Before 1960 reclassification of status is included in admission and discharge figures. Corrected figures are in brackets for 1960.

TABLE 2

ADMISSIONS AND DISCHARGES TO WARLINGHAM PARK HOSPITAL PRECEDING AND FOLLOWING REORGANIZATION

Year	Total Admissions	New Admissions	Readmissions	Discharges
1960-1961	963	482	481 (50%)	875
1961-1962	919	487	432 (47%)	826

pital. This follow-up took the form of contacting the general practitioner by letter, inquiring about his satisfaction with the progress of the patients and their present attendance with him, and his willingness for them to be seen by an outpatient nurse. All appropriate cases were seen by the outpatient nurse, and the status of the patients was discussed with the pyschiatrist. Patients referred directly to aftercare facilities would no longer be routinely checked.

The only noteworthy trend in Table 1 is the steady but unspectacular decrease in the number of beds in the hospital. In Table 2, there are presented the figures for admission and discharge to Warlingham Park in the year immediately preceding and the year following the reorganization of the services.

It can be seen that there is a drop in total admissions, readmissions, and discharges. While the drop in readmissions as a percentage of total admissions is only 3 per cent, the actual number of readmissions has diminished by about 10 per cent.

Clearly, any analysis of trends assumes a constant population. No notable changes were observed in the distribution of the diagnoses of discharged patients in 1958 and 1961.

However, if we consider two of the characteristics of those two diagnostic categories which together comprise over half of the discharged patients, namely the schizophrenics and endogenous depressives, some changes become apparent. Schizophrenics show an increase of 15 per cent in proportion with the previous history of hospital admissions and 16 per cent in those spending under one month in hospital. Endogenous depressives show a decrease of 11 per cent in those with previous admissions and a less marked change in the length of hospital stay. The change for schizophrenics probably reflects increasing use of the "revolving door" policy of frequent brief readmissions, while more endogenous depressives are now being treated in the general hospital, or as outpatients.

Finally we should note that during 1961-1962 an increasing proportion of admissions to Warlingham Park came through domiciliary visits, while a much higher proportion of those receiving psychiatric aftercare was sent to the day hospital, group therapy, or one of the services other than the outpatient department.

General Hospital Psychiatric Unit

For a number of years a small ward in

TABLE 3

GENERAL HOSPITAL PSYCHIATRIC UNIT

Year	Admissions N	Diagnoses (Major Categories) Sch.	Aff.	Neur.	Senile	Previous Mental Hosp. Adm.	Age in Years -29	30-59	60-	Discharge to: Mental Hosp.	Home	Mean Duration of Stay
1960-1961	161	30%	34%	7%	14%	46%	22%	50%	28%	62%	24%	8.5 days
1961-1962	123	13%	38%	28%	7%	44%	31%	48%	21%	6%	68%	25 days

the general hospital was utilized by Warlingham Park as an observation unit. This six-bed ward was supervised by a general hospital physician, and staffed by the general hospital nursing staff. Psychiatric consultation was available from Warlingham Park in emergencies. In 1961, this unit was placed under the direct supervision of a consultant psychiatrist from Warlingham Park as a general hospital psychiatric unit and six more beds were added. Electroshock therapy for outpatients was also available in this ward four times a week. The effects of this change in function may be seen in Table 3.

A large number of admissions were put through the observation unit, predominantly on orders, and were discharged for the most part to the mental hospital, with relatively few being returned directly home. This is consonant with the function of the ward as a diagnostic unit. Following its change in function, a smaller number of patients were put through the twelve-bed unit. The patients stayed nearly three times as long on the average, and the majority were now returned directly home after receiving treatment.

DAY HOSPITAL

The day hospital was first started in 1956, in part of another clinic in central Croydon, as a small unit staffed by one full-time and two part-time nurses, and functioned mainly as a supportive day ward for geriatric patients. They were provided with simple occupational therapy and maintenance drugs and only seen by a Warlingham Park psychiatrist in emergencies. Later, younger chronic schizophrenics were admitted, mostly from the outpatient department, although some direct referrals came from health visitors for physical care.

In 1960, weekly sessions by a psychiatric consultant and occupational therapist were initiated. The admission, attendance, and discharge date relevant to this period can be seen in Table 1. It may be noted that the turnover was small, though it increased through the three years from 1958 - 1960.

In 1961, the Local Health Authority supplied a large house in central Croydon and agreed to maintain this, and the day hospital was transferred there. In addition, it should be noted that this day center housed such other services as the outpatient nurses, group therapy, the aftercare groups, and social clubs which are described below.

The new day hospital was staffed with three psychiatrists, one junior doctor full-time; five nurses, two full-time; an occupational therapist; and psychological and social work services as required.

This unit supplied a complete range of treatment, (including drugs, E.S.T., and occupational, industrial, and group therapy) five days a week from 9 A.M. to 5 P.M., for all diagnostic categories.

Referral to the unit could be made directly or from any of the other facilities in the psychiatric service, although customarily previous psychiatric assessment was required. A point was made of informing the general practitioner on admission and discharge.

Weekly conferences attended by social workers, disablement resettlement officers, and day hospital staff provided assessment after the patient's first week, during which a social history was obtained, and at such later intervals as was required.

The main aims of the day hospital were to maintain, in the context of effective and appropriate treatment, a rapid turnover of patients, with discharge to less intensive psychiatric aftercare as early as possible, and to handle a large population by utilization of part-time attendance — only half of the patients attended full time.

Admission, discharge, and attendance data for the old (1960 - 1961) and new day hospitals (1961 - 1962) can be seen in Table 4.

A marked increase in case load and in turnover is apparent, both in 1961 - 1962 as compared with the previous year, and in the course of 1961 - 1962. During this latter year, the average time on the waiting list was around six days. Major trends in the characteristics of the population were to younger patients, more of whom

TABLE 4

DAY HOSPITAL: ADMISSIONS, DISCHARGES AND ATTENDANCE

Year	Attendances	Monthly Average No. of Patients Under Care	Average No. of Patients per day Attending	New Patients	Discharges
1960-1961	5464	30	30	40	42
1961-1962	7440	46	34	206	176
1961-1962 first quarter	1488	37	28	48	39
last quarter	2321	54	41	66	57

had a previous hospital admission, with fewer organic and senile patients, more women, and a considerable reduction in length of stay.

One-third of the admissions to the day hospital during 1961 - 1962 were referred from Warlingham Park, and a further one-third from the outpatient department. About one-half of the total admissions were for active treatment (new cases or relapses), one-fifth each for convalescence and rehabilitation, and one-tenth for supportive maintenance.

Assessments of the effectiveness of the day hospital may be gauged both from readmission data, and from a follow-up of the first 96 patients admitted, for six months. Twenty per cent of day hospital patients were readmitted to Warlingham Park in this first year, mostly for reasons of severe depression, suicidal intent, aggressiveness, deterioration, or failure to attend. The majority of these were readmitted directly from the day hospital. Six months after admission to the day hospital, one-quarter of the first 96 patients were still attending, one-tenth were in Warlingham Park, and the majority of the remainder were under less intensive psychiatric care, such as outpatient nurses, and group therapy. Of the 50 patients who worked when well, two-thirds were working.

OUTPATIENT SERVICES

The outpatient clinic, started in 1936, had been based at the general hospital since that year, and provided afternoon clinics each weekday staffed by psychiatrists from Warlingham Park. From 1957, all new patients were seen only by consultant pyschiatrists, while junior doctors provided aftercare for discharged patients. Admission and attendance data can be seen in Table 1. The drop in the number of yearly sessions in 1959 is due to the closing of a second clinic held at another general hospital in Croydon.

In 1961, patients discharged from the hospital and requiring supervision from psychiatrists were gradually transferred from the outpatient department to the day center. Here, instead of brief individual sessions, they were seen in aftercare groups. These were run on a weekly basis by a psychiatrist and an outpatient nurse or social worker. They lasted up to one hour, and between ten and fifteen patients attended them. The aim of this was to cut down the amount of staff time that was involved in aftercare work and, at the same time, to allow for greater attention to be paid to the social readjustment of the patient. The effect of this reorganization may be seen in Table 5.

It is clear that there was a general decrease from 1960 - 1961 to 1961 - 1962 in the numbers of new patients, aftercare patients, re-referrals and attendances. In the last quarter of 1961 - 1962, half of the aftercare patients were seen in aftercare groups. The drop in aftercare patient numbers was probably related not only to a lower admission and discharge rate at the hospital, but to a large number of discharged patients being referred to the

TABLE 5

OUTPATIENT CLINICS AND AFTERCARE GROUPS

Year	Attendances	No. of Clinics	No. of Drs.	Re-referrals	New Patients	Aftercare Patients
Outpatients 1960-1961	6862	752	12	255	868	478
Outpatients 1961-1962	4440	560	8	198	741	179
Aftercare Groups 1961-1962	1277	247	4	—	—	102
First Quarter	184	36	4	—	—	9
Last Quarter	397	67	4	—	—	43

various alternatives now existing, such as group therapy, the day hospital, and the outpatient nurses. The drop in re-referrals is also probably related to the increased effectiveness of the range of aftercare services, in particular the outpatient nurses, and the drop in new patients to the increase in domiciliary visiting. Some of these points are referred to below.

Psychotherapy, whether inpatient or outpatient, had been left to the individual psychiatrist's discretion since the small inpatient neurosis unit based on intensive group therapy which had existed for some years was closed in 1960 as being uneconomic of staff time. However, an inpatient alcoholic unit based upon a group therapeutic approach continued within Warlingham Park.

In 1961, a group therapy program was organized, based upon the day center, making available psychoanalytic group therapy in the early evening. These groups, run on a weekly basis, lasted an hour to an hour and a half each, and were run by both an experienced group therapist and a trainee. New groups were started as appropriate numbers of patients became available. During the year, some 97 cases were referred for group therapy, the monthly referral rate doubling in the course of the year. While nearly one-quarter of these referrals dropped out for one reason or another, by the end of the year some 40 patients were attending five weekly groups. Over half of the referrals were from the outpatient department, although one-fifth were referred from Warlingham Park.

There were three social clubs in existence before 1961 dating from the late 1940's, a geriatric social club in the daytime and two evening social clubs, one particularly for chronic psychotics. In 1961, a committee was formed of local health authority and hospital staff and took over the responsibility for one of the evening social clubs. Although eventually self-supporting, this was initially financed by the local health authority, and aimed at providing not only suitable social contacts for patients, but also the maintenance of less direct supervision of aftercare. Some 30 patients a week attended this social club.

HOME ASSESSMENT AND CARE

Until 1961, patients were seen at home either in emergencies for assessment relating to admission, by psychiatrists, or in routine follow-up by the outpatient nurses one year from admission to hospital.

In 1961, the role of the outpatient nurses, originally used as social workers and more recently as outpatient department receptionists in addition to their function described above, was reviewed (May & Moore, 1963). These four nurses based at the day center were to remain on the nursing establishment, and their main function was defined as assisting in the prevention of admission or readmission of patients, whether referred to them directly

or on discharge from other facilities. Their main duties, consonant with their prior knowledge of patients, and training in clinical evaluation, were supervision of drug medication and support of the patient and family, as well as provision of progress reports. These were made weekly to a consultant psychiatrist at the day center. They were also to investigate failed appointments and assist in the social clubs. In the performance of these new duties, the outpatient nurses made 2603 visits in 1961 - 1962, and supervised on the average some 75 patients in aftercare. In the course of the year, from first to last quarter, the number of visits tripled (from 378 to 1017) and the number of supervised patients doubled (from 52 to 102).

At the same time, domiciliary visiting by consultant psychiatrists, both for assessment and consultation with the general practitioners, increased markedly in 1961 - 1962, some 404 visits being made. The effectiveness of such visits, in enabling rapid decisions to be made regarding disposition is demonstrated in the reduction of numbers of new patients and re-referrals in the outpatient department.

During the year also, a boarding-out scheme was initiated by the local health authorities, providing landladies prepared to lodge the mentally ill or defective with financial assistance and professional advice as required. Finally, a psychiatric social service was instituted, staffed by the psychiatric social workers of both local health authority and hospital. Given complete autonomy with regard to internal decisions, this service provided appropriate social work for all facilities, as well as a training establishment.

DISCUSSION

The provision of intensive treatment service alternatives in the general hospital and day hospital settings, ensures not only that stigma is reduced, but that there is increased possibility of maintaining the social supports of the patient. The extension of domiciliary visiting and outpatient nurse aftercare emphasizes the family as the focus of treatment and the home as the site of treatment where this is possible.

In general, this initial phase demonstrably redistributes patients among a wider range of services, and offers the staff a growing appreciation of the total environment of the patient.

It will be noted that there is a lack of emphasis on preventive services which, in England, tends to focus on early case finding and psychiatric referral. Greater use might well be made of appropriate community figures working within their own systems, under psychiatric guidance, in order to help at crucial points potential patients who may be understandably reluctant to assume the patient role, or not yet sick enough.

Ultimately, the evaluation of the effectiveness and efficiency of a community mental health service poses many problems. While a shift in the number of patients treated in the community as compared with a hospital can be shown, it has been suggested that such patients may well require a longer duration of treatment (Sheldon, 1964), and that this may turn out to be more expensive than hospitalization. Nor is it yet apparent how different milieus may be utilized selectively. It remains to be seen whether the community approach can be justified unselectively in terms other than moral, which while perfectly valid, are notably susceptible to the fluctuations of fashion.

REFERENCES

MAY, A. R., & MOORE, S. The mental nurse in the community. *Lancet*, January 26, 1963, 213-214.

MAY, A. R., SHELDON, A. P., & MACKEITH, S. A. Future of district psychiatry. *Lancet*, December 22, 1962, 1319-1320.

SHELDON, A. P. An evaluation of psychiatric aftercare. *Brit. J. Psychiat.*, 1964, 110, 662-667.