

Relocation of long-stay general psychiatric in-patients

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The need for severely disabled long-stay general psychiatric in-patients to be resettled within their own districts is likely to arise increasingly as area mental hospitals close. The White Paper, *Caring for People*, acknowledges that some of these patients will continue to require hospital care. Transfer between hospitals might be considered a major life event for these patients, some of whom will have spent many years in the area mental hospital. Conflicting results have been found in studies of mortality rate following relocation (Morriss *et al*, 1988). Pryce's (1977) study with long-stay chronic schizophrenic patients and other more recent studies with new long-stay patients yielded data suggesting optimal environmental factors in keeping with Wing & Brown's (1970) observations.

The study

With the closure of Rainhill Hospital, the last remaining 53 patients belonging to Liverpool district were transferred to Rathbone Hospital within the city. They were assessed using the Krawiecka (Krawiecka *et al*, 1977) and REHAB (Baker & Hall, 1988) scales on three occasions: prior to transfer, one week following transfer and three months later. Both of these instruments are widely used in the assessment of chronic patients and are suitable for monitoring changes over time in psychopathology and dependency levels respectively. Statistical analysis using repeated measures analysis of variance was performed using the SPSS package. Incomplete sets of data were excluded for three patients.

Findings

The sample consisted of 18 female and 35 male patients. The mean age was 52.8 years, with a range from 20 to 77 years. Thirty-nine were single, 7 divorced, 3 widowed and only 4 married. Seventy-five per cent had a primary diagnosis of schizophrenia.

Krawiecka scores showed a significant improvement in incoherence and irrelevance of speech ($P=0.009$) and improvements in poverty of speech and psychomotor retardation which did not reach statistical significance ($P=0.1$ and $P=0.3$ respectively). There was a statistically significant increase in hallucinations ($P=0.001$) following transfer as

well as an increase in delusions which did not reach significance ($P=0.2$).

The REHAB scores showed a statistically significant global improvement (P values from 0.25 to <0.001) but deviant behaviour increased beyond its pre-transfer level at three months ($P=0.001$).

Comments

The findings on the Krawiecka and REHAB scales suggest that the move resulted in an increase in 'positive' symptoms, while 'negative' symptoms improved markedly. This picture would be expected with a move from an understimulating environment to one of increased stimulation. We believe that this is the case as the treatment programme and policies adopted within the new unit are more active in nature. The three-month data suggest that the increase in positive symptoms was a temporary phenomenon while the trend towards improvement seen in the negative symptoms continued with time. The increased scores on the deviant behaviour subscale at three months may also be associated with the increase in stimulation. This is a worrying finding which requires further investigation.

As more area mental hospitals are closing, there is increasing need for further examination of treatment regimes for the most severely disabled long-stay in-patients, in order that their optimal level of functioning may be achieved.

References

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