

Audit in practice

Generic services for people with a mental handicap

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There has been much discussion on the most suitable services for mentally handicapped people with special needs such as additional mental illness or marked behavioural disorders. A number of policy documents have advocated the use of generic services as a matter of course, such as the All Wales Strategy (1983), while others have acknowledged a possible need for specialist input when such services are used e.g. *Needs and Responses* (Department of Health, 1989). In 1986 the Royal College of Psychiatrists stated that the psychiatric needs of this group required a specialised service and suggested that ideally this would be integrated with other psychiatric specialities as part of a comprehensive service.

In 1989 a service was developed for mentally handicapped adults based at the University Hospital of Wales (UHW) in Cardiff. It gave the Academic Unit of Mental Handicap admitting rights to four beds on the acute general psychiatric unit in this teaching hospital. Before this, admissions were to the local mental handicap hospital (Ely Hospital). In view of the discussions regarding services for this group we felt that a review of this new facility would be helpful.

The study

A retrospective review was made of admissions to UHW under the care of the academic unit between July 1989 and December 1990. Comparison was then made with admissions over this period under the same team to Ely Hospital. Information was gathered from in-patient casenotes.

Findings

Admissions to UHW

There were 21 admissions, 16 males and 5 females. Average age was 32 years and 85% were mildly mentally handicapped, the rest being moderately or severely handicapped.

Referral sources

Sixty-two per cent resided outside South Glamorgan and all were tertiary referrals. Of local referrals, half

were from the unit's catchment area and the rest from consultants serving other areas. All but one of the out-of-county referrals, an emergency admission, were booked with an average wait of 16 days. Only two of the local referrals were booked (waiting 25 and two days respectively), the rest being admitted directly following assessment.

Reason for admission

These can be divided into three groups: assessment of possible neuropsychiatric disorder; assessment of possible functional illness; and treatment of known functional illness.

Assessment of possible neuropsychiatric disorder. Of the ten patients, eight were out of county referrals. Diagnostic problems included the exclusion of the following: dementia; epilepsy; neurodegenerative disorder; narcolepsy; space occupying lesion. This was an intensively investigated group including five CT scans, five 24-hour EEGs, three standard EEGs, and in individual cases histocompatibility antigens, hormonal studies and metabolic screening. In seven, an organic illness was excluded (three diagnosed as suffering a functional illness and one a conduct disorder and in three no diagnosis was made in addition to their mental handicap) and in the remaining three the following diagnoses were made: atonic seizures, primary insomnia, and presenile dementia. Average length of stay was 23 days. The three out-of-county patients who received a psychiatric diagnosis were discharged following completion of investigations to the referring consultant for ongoing treatment.

Assessment of possible functional illness. These six patients presented with a variety of problems, including aggression/destructive behaviour, psychosexual problems, and substance abuse. Only one was diagnosed as suffering from a functional illness, a schizophreniform psychosis for whom treatment was initiated. Average length of stay was 18 days.

Treatment of known functional illness. The diagnoses of these five patients included paranoid psychosis,

acute relapse of schizophrenia and resistant psychosis. Only routine investigations were performed, except for one patient whose previous history of epilepsy led to repeat standard EEGs. This group was intensively treated and included one patient having a course of ECT. The average length of stay was longer than in the other two groups, 52 days.

Admissions to Ely Hospital

There were 28 admissions by a total of 14 individuals, eight males and six females. Average age was 27 years with 75% moderately severely handicapped. The purposes of admission were: holiday relief; long-stay care; and short term assessment. Holiday reliefs accounted for 19 admissions by six people with an average length of stay of seven days. Both new long-stay patients, admitted with behavioural problems, were male and mildly mentally handicapped. Of those admitted for short term assessments, six individuals accounted for the seven admissions with an average length of stay of 206 days. The female who was admitted twice was subsequently admitted to UHW and was the only subject included in both sections of the study. The presenting problems included behavioural disorder with or without epilepsy and deteriorating epilepsy.

Discussion

This service accepts both secondary and tertiary referrals. In providing a regional service its use by other districts is quite variable with 40% of admissions being referred from one other district. Reasons for this include a joint consultant appointment and honorary contracts for the staff on the academic unit between the two districts. Finally, ease of access to Cardiff varies between districts as does the availability to local specialist services.

Just under 50% of patients were admitted for neuropsychiatric evaluation with 80% of these

being tertiary referrals. They required intensive investigation using facilities usually only available in teaching hospitals. The availability of these on site facilitated short admissions.

Admissions to UHW were highly selected, none being profoundly or multi-handicapped. The ward staff were cooperative and generally had no difficulty in coping with these patients, despite none having RNMH (registered nurse in mental handicap) training. All planned admissions were arranged with the ward manager to take into account any increased workload produced by the more dependent patients. An additional factor in gaining the support of the nursing staff was a high level of medical input from the academic unit.

With the eventual closure of Ely Hospital, the role of this service may have to change with the criteria governing admission being expanded. For the majority, short admissions reflect specific diagnostic questions, formulated prior to admission, with rapid discharge once these are answered. Of the Ely Hospital admissions, both holiday relief and long-term care would be inappropriately served by UHW. Those people admitted to Ely for short-term assessments on the whole had marked behavioural problems and were severely mentally handicapped. Their long admissions reflected the complex problems they posed and whether they could be managed in UHW is unclear.

References

- DEPARTMENT OF HEALTH (1989) *Needs and Responses*. Report of a Department of Health Study Team. London: HMSO.
- WELSH OFFICE (1983) *All Wales Strategy for the Development of Services for Mentally Handicapped People*
- ROYAL COLLEGE OF PSYCHIATRISTS (1986) Psychiatric services for mentally handicapped adults and young people. *Psychiatric Bulletin*, **10**, 321–322.