

The quality of life of severely mentally handicapped patients in hospital

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It is unclear how much the profound changes which have occurred in mental handicap hospitals in the last decade have improved the lot of the profoundly handicapped, since Baker & Urquhart (1987), in a national survey of Scottish Mental Handicap Hospitals, found that 45% of all hospital residents had no set occupation and that there was a relationship between occupation and ability level. Between 14% and 32% of all patients were without occupation and unable, or not allowed, to leave the ward without a member of staff.

The present study attempts to describe in quantitative terms, aspects of the lives of severely handicapped patients in two wards of a Scottish mental handicap hospital.

The study

During 1987 a new patient care plan system was introduced which recorded, on a daily basis, patients' social activities. The social activities on two wards at Strathmartine Hospital, Dundee were studied; both had a population of severely mentally handicapped patients, with or without physical handicaps. In both wards a number of patients (three in Ward A, two in Ward B) attended school on a regular daily basis. As this excluded them from other out of ward activities, they were not included in the study.

Ward A is a recently upgraded, mixed sex ward with 17 patients. The average age was 29 years and, of the 14 patients studied, six were ambulant, four semiambulant and four wheelchair bound. *Ward B* is a mixed sex ward with 27 patients. Average age was 38 years and, of the 25 patients studied, 13 were ambulant, three semiambulant and nine wheelchair bound.

Both wards have access to a nine seater bus, specially equipped to take wheelchairs.

Results were collected retrospectively for the six month period 1 January to 30 June 1988 for each patient from their individual care plan records. Note was also taken of whether patients were ambulant/semiambulant and whether in receipt of mobility allowance or not.

The average time spent on each of the listed activities was estimated as follows: walks/canteen 1 hour;

shops/town visit 2 hours; visitors 1 hour; therapies complex 1 hour; ward therapy $\frac{1}{2}$ hour; bus trips 2 hours; pictures/theatre 3 hours; cafe/pub visits 1 hour; recreation hall/swimming 1 hour; and coffee/music mornings 1 hour.

Findings

The average time spent by patients in the listed activities was only a small proportion of their total time (Table I). Excluding holidays and weekends out with relatives, the average time per week spent in these activities was 3.5 hours in Ward A and just under 1 hour in Ward B. The average time per patient spent out of the ward on walks or visits to the hospital canteen, in Ward A, was 10.8 hours during the six month period (24 minutes/week) and in Ward B, 2.6 hours (6 minutes/week). A similar picture emerges when considering other activities, e.g. bus or car trips in Ward A, which took an average 15 minutes of their weekly time, with only 10 minutes in Ward B.

Patient mobility appeared to affect time spent out of the ward. In Ward A, the ambulant patients spent an average 22 hours of the six month period in walks and visits to the canteen but wheelchair patients only averaged 1.7 hours.

The 18 patients in both wards not in receipt of mobility allowances averaged 9.3 hours per patient engaged in walks around the hospital or to the canteen, whereas the 21 patients who were receiving mobility allowances fared less well and averaged only 2.3 hours.

The average time spent per patient in off the ward community activities, excluding holidays and weekends out with relatives (i.e. walks, shopping, bus trips, visits to the pictures, cafes, recreation hall and coffee mornings), was 26 hours in Ward A (one hour per week), but only eight hours in six months (20 minutes per week) in Ward B.

Comment

Only a small proportion of patients' time was involved in the activities measured in this study and a very small proportion spent off the ward. Omissions

TABLE I
Average time (in hours) per patient spent in each of listed activities over six month period

	WARD A		WARD B	
	Average time hrs/6 mths	Range	Average time hrs/6 mths	Range
Walks/canteen	10.8	0-100	2.6	0-9
Shops	3.7	0-12	0.4	0-2
Visits/visitors	10.7	0-70	3.4	0-23
Therapies comp.	6.5	0-22	4.7	0-42
Ward therapy	48.4	1-100	7.4	0-100
Bus/car trips	6.6	2-15	4.4	0-9
Pictures/theatres	1.7	0-24	0	0-0
Cafe/pub	1.1	0-13	0	0-1
Recreation hall/swimming	1.2	0-14	0.6	0-4
Coffee/music	1.2	0-3	0	0-0
*Holidays/weekend stays	8.3	0-52	2.3	0-7

*NB: Holidays/weekend stays measured in days, not hours.

in recording may have contributed to this picture but are unlikely to have grossly distorted the results. But no attempt was made to assess the unstructured social activities which occurred on the ward.

Previous studies (Baker & Urquhart, 1987; Oswin, 1971) have commented on the variation between institutions and even between wards. In this study there was a noticeable difference between the two wards. Patients in Ward A spent more time out of the ward than those in Ward B but this was probably an indication of a difference in nurse staffing levels between the two wards: five per shift in A, six per shift in B. The more ambulant the patient, the more likely he/she was to be out of the ward engaged in walks, visits to the hospital recreational hall, swimming etc. Wheelchair patients depended on staff assistance but ambulant patients were so handicapped that they too only left the ward with staff escorts. It is, however, more difficult to take a wheelchair out on such activities.

Receiving mobility allowance made little difference to these patients' opportunities for getting out from the hospital on social activities. However, for comparison there was no equally handicapped control group not in receipt of mobility allowance. Most patients did not go out on weekend visits to relatives but a small number, all in wheelchairs and receiving

mobility allowance, had frequent weekends with relatives. Hence the wide scatter of results.

To provide social interaction or diversional therapy requires a 1:1 staff/patient ratio for these patients. Even to provide simple variety by taking patients out of the ward requires a high staffing ratio. Overall, the figures collected highlight the problem of providing a good quality of life for severely mentally handicapped patients in hospital. The present study illustrates that the quality of life of this group of severely handicapped patients is still poor and there is little reason to suppose that the picture is much different in other hospitals in Scotland (Baker & Urquhart, 1987).

Acknowledgements

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References

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