

East-West Evolution of Mental Health Services: Learning from the Past, Vision into the Future

FIRST PSYCHIATRIC TREATMENT IN UK

- BETHLEHEM HOSPITAL OPENED IN LONDON BY MONKS 1370
- NAME CORRUPTED TO BETHLEM : ALSO BEDLAM
- AMALGAMATED WITH MAUDSLEY HOSPITAL 1930

THE ORIGINS OF SOCIAL PSYCHIATRY

Its origins can be traced to the French Revolution with its slogan of 'Liberty, Equality and Fraternity'. These new ideals led to the removal of the patient's chains in the Salpetriere psychiatric hospital in Paris, which many decades later Freud visited to see Charcot teach on hysteria.

The role of the Quakers

- Daniel Hack Tuke came from a long line of [Quakers](#) from [York](#) who were interested in mental illness and concerned with those affected. His great-grandfather [William Tuke](#) and his grandfather [Henry Tuke](#) co-founded [The Retreat](#), in York, which revolutionized the treatment of mentally ill people. Daniel Tuke began working in The Retreat in 1847 and continued the policy of humane treatment of people with mental illness.

Previous methods of treatment

- This contrasted with earlier ideas that madness was caused by the devil entering a person's body, so the treatment was to beat the patient in an attempt to drive out the devil. This still continues in Ethiopian Coptic churches, along with the use of 'Holy Water'.

Slow to change

- Restraint of psychiatric patients by straight-jackets and the use of locked isolation cells still continued in UK hospitals through the first decades of the 20th Century.

THE PRESENT

- Early developments of community treatment in the UK: in the 1930s Duncan MacMillan Superintendent of Napsbury, Hospital, which opened in 1905, established outpatient clinics in the community.

OTHER PIONEERS

- Douglas Bennett removed the bars from the windows of Netherne psychiatric hospital, unlocked the doors and established a rehabilitation unit there which was recognised as a national centre of excellence. He then took a position in the Maudsley hospital where he established a day hospital for long-stay patients.

The impact of World War 2 on Psychiatry

Army psychiatrists introduced new methods of care. Tom Maine Group therapy; Maxwell Jones the therapeutic Community, at the Henderson Hospital: Flattening the power hierarchy: doctors and patients as equals.

- Conscientious Objectors, Quakers in US psychiatric hospitals

Decline of the psychiatric hospital in the US

President Kennedy reserved funds for Community Mental Health Centres. These were staffed by enthusiastic young people who did not know how to deal with vested interests opposing this initiative. It finally failed when President Nixon illegally withdrew the funds that President Kennedy had earmarked for the Health Centres. 'Board & Care' policy led to many mentally ill people living on the streets of the major cities, begging or eating food from dustbins.

The UK

- Successive governments from the political right and left supported the policy of releasing patients from the old psychiatric hospitals and resettling them in the community. The governments had different motives: the right believed they could save money, while the left wished to give mentally ill people as much freedom as possible.





PSYCHIATRIC BEDS IN ENGLAND AND WALES

POPULATION

- 1954 **148,000** 45 MILLION
- 1998 **20,000** 52 MILLION

BEDS IN FRIERN HOSPITAL LONDON

- OPENED BY PRINCE ALBERT
- BEDS
- 1851 **1000**
- 1950 **2500**
- 1980 **800**
- Decision to close Friern & Claybury Hospitals by 1993

DEINSTITUTIONALISATION IN THE U.K.

- STUDIED BY THE TEAM FOR THE ASSESSMENT OF PSYCHIATRIC SERVICES (TAPS) OVER 13 YEARS
- FUNDED BY REGIONAL AUTHORITY AND DEPARTMENT OF HEALTH
- LONG-STAY PATIENTS HAD MORE FREEDOM, ACQUIRED COMMUNITY SKILLS, AND MORE FRIENDS
- 84% wanted to stay where they were
- RELATIVES OF PATIENTS WITH DEMENTIA PREFERRED COMMUNITY HOMES TO HOSPITALS

The disappearance of psychiatric hospitals from the UK

- **A REVOLUTION IN PSYCHIATRY**
- Number of psychiatric hospitals in England & Wales
- 1975 **130**
- 2013 **12**

COMMUNITY HOMES FOR DISCHARGED PATIENTS

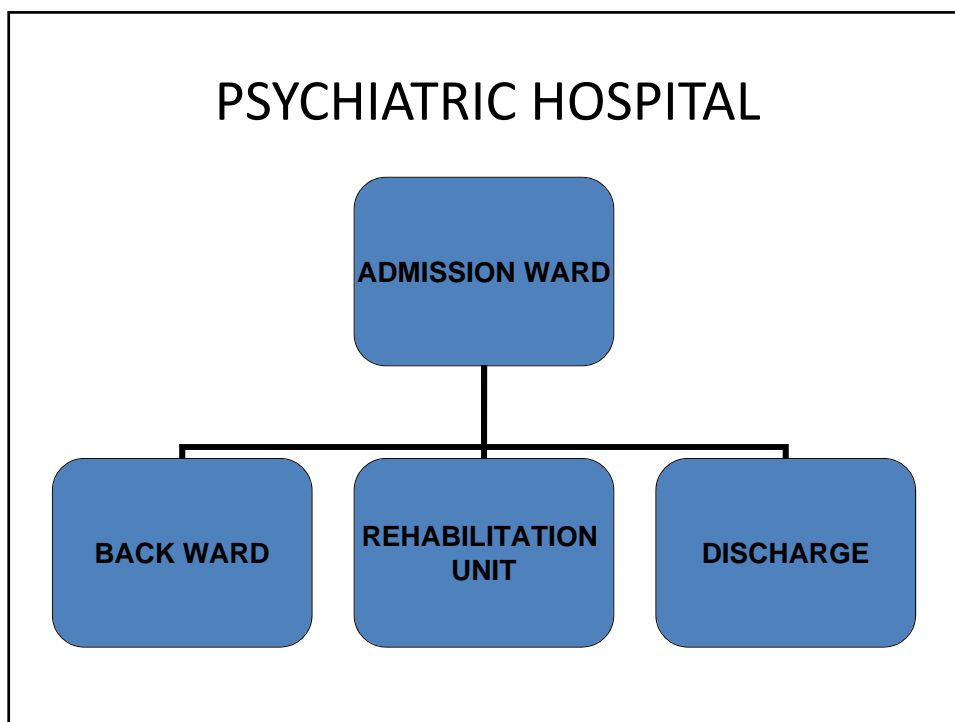
- **CONVERTED HOUSES BETTER THAN NEW BUILDINGS**
- **FEWER RULES & REGULATIONS THAN THE HOSPITAL WARDS**
- **NOT TOO LARGE OR TOO MANY IN ONE AREA**
- **SOME TRAINED STAFF NEEDED FOR DEPENDENT PATIENTS**

DECENTRALISING REHABILITATION UNITS

- 120 PATIENTS ATTENDED THE FRIERN INDUSTRIAL THERAPY UNIT DAILY
- LARGE UNITS CANNOT BE TRANSFERRED TO THE COMMUNITY
- OLDER PATIENTS ARE RELUCTANT TO ATTEND
- PREFERENCE FOR DROP-IN CENTRES
- SHELTERED WORKSHOPS NEED TO BE CLOSE TO PATIENTS' NEW HOMES

PROBLEMS WITH PSYCHIATRIC ADMISSION WARDS IN THE U.K.

- PLANNED REDUCTION IN BEDS
- READMISSION OF DISCHARGED LONG-STAY PATIENTS
- ACCUMULATION OF 'NEW LONG-STAY' PATIENTS



EFFECTS OF THE 'BACK DOOR' POLICY IN THE U.K.

- MANY PATIENTS WITH SEVERE IMPAIRMENT OF THEIR SOCIAL AND EVERYDAY LIVING SKILLS ARE BEING TRANSFERRED TO PRIVATE HOSPITALS
- THE COST TO THE NATIONAL HEALTH SERVICE IS ABOUT A QUARTER OF A BILLION POUNDS

THE ITALIAN EXPERIENCE

- 'FRONT DOOR' POLICY: LAW 180 PASSED IN 1978
- NO NEW PSYCHIATRIC HOSPITALS
- NO MORE ADMISSIONS TO EXISTING PSYCHIATRIC HOSPITALS
- ADMISSION UNITS IN GENERAL HOSPITALS WITH A MAXIMUM OF 15 BEDS

SERVICES IN AREZZO

- 2 ADMISSION BEDS IN THE GENERAL HOSPITAL FOR 100,000 POPULATION
- 24-HOUR COMMUNITY TEAM – PSYCHIATRIST AND PSYCHIATRIC NURSES VISITING PATIENTS AT HOME
- SHELTERED HOUSING
- GARDENING TEAMS
- WORKSHOP FOR WOODEN TOYS

FINLAND

- 1619 HOSPITAL BUILT ON THE ISLAND OF SEILI AS A LEPROSARIUM
- LATER USED AS A PSYCHIATRIC INSTITUTION
- 1800 REBUILT WITH CELLS 187x207m
- VIOLENT PATIENTS KEPT IN CHAINS



DEINSTITUTIONALISATION IN FINLAND

- 'FRONT DOOR' + 'BACK DOOR' POLICY
- PROGRAMME TO REDUCE THE NEED FOR ADMISSION
- INCLUDES INTERVIEWS WITH THE FAMILY AND PATIENT TOGETHER TO SUPPORT THE FAMILY IN THEIR CARING ROLE
- PROGRAMMES TO RESETTLE LONG-STAY PATIENTS IN THE COMMUNITY

DEINSTITUTIONALISATION IN GREECE

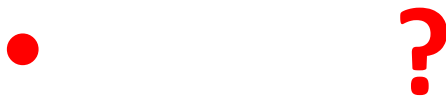
- THE ISLAND OF LEROS



EU FUNDING TO RETURN PATIENTS TO THE MAINLAND

- FOLLOW-UP STUDY OF 100 PATIENTS LIVING
IN 13 COMMUNITY HOMES
- 4 YEARS AFTER DISCHARGE THE MAJORITY
PREFERRED LIFE IN THE HOMES TO
CONDITIONS ON LEROS

THE FUTURE



SUMMARY OF TAPS RESULTS 3 TYPES OF USER

- 1. LONG-STAY NON-DEMENTED
- MANY BENEFITS FROM MOVE TO THE COMMUNITY
- 2. USERS WITH DEMENTIA
- FAMILY CARERS GENERALLY POSITIVE
- 3. USERS ADMITTED TO WARDS IN DISTRICT GENERAL HOSPITALS

MANY PROBLEMS

TAPS: NURSING STAFF ON 15 PSYCHIATRIC ADMISSION WARDS

- DISSATISFIED WITH
- CROWDING
- NOISE
- VIOLENT BEHAVIOUR
- PERSONAL SAFETY
- **USERS HAD TOO LITTLE TO DO**
- **USERS DISCHARGED TOO SOON**

TAPS: 300 USERS SURVEYED

- DISSATISFIED WITH
- LACK OF RECREATIONAL SPACE
- NOISE
- MARKED LACK OF ACTIVITY
- BEHAVIOUR OF FELLOW USERS
- FEAR FOR PERSONAL SAFETY

SHAME & ACUTE PSYCHIATRIC IN-PATIENT CARE

- DAVID CROSSLEY & ALUN JONES
THE PSYCHIATRIST
- FOCUS GROUPS WITH USERS WHO HAD BEEN ADMITTED
- ALL USERS REPORTED THE CONSEQUENCES OF FEELING OR BEING ASHAMED AS HAVING AN EFFECT ON THEIR SENSE OF ADULTHOOD AND AUTONOMY. THEY FELT RELATED TO BY STAFF AS **INCOMPETENT CHILDREN PRESSED INTO ENFORCED INACTIVITY**

ALTERNATIVES TO ADMISSION

- FRANCIS CREED OPENED 1ST ACUTE DAY HOSPITAL IN MANCHESTER 1985
- ABLE TO MANAGE **1/3** OF REFERRALS: INCREASED TO **40%**
- IN 1997 IT WAS LINKED TO A HOME TREATMENT SERVICE 24/7;7/7
- NOW **102** ACUTE DAY HOSPITALS IN ENGLAND: ACCEPT **2/3** OF USERS NEEDING ACUTE CARE
- PROFESSIONAL SUPPORT TO RELATIVES

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CRISIS HOUSES

- OPEN-DOOR DOMESTIC ENVIRONMENTS
- COST LESS
- LESS RESTRICTIVE
- LESS ALIENATING
- **USERS RETAIN MORE SELF-RESPECT AND MORE SKILLS**

BALSAM HOUSE

- LOOKS LIKS A MIDDLE-CLASS HOME
- PETS ARE WELCOME
- STAFFING LEVEL=HOSPITAL WARD
- **STAFF & USERS SHARE HOUSEHOLD DUTIES**
- MANY USERS ADMITTED VOLUNTARILY
- <5% TRANSFERRED TO A HOSPITAL

RESIDENTIAL ALTERNATIVES TO HOSPITAL CARE

RESIDENTIAL ALTERNATIVES ARE LESS COSTLY, PROMOTE AUTONOMY, REDUCE AGGRESSION, HAVE JUST AS GOOD CLINICAL AND SOCIAL OUTCOMES, AND ARE GREATLY PREFERRED BY THE USERS AND CARERS

THE FUTURE ?

- When we look after people with psychiatric disorders in places in which we would be happy to live, and treat them with the respect and humanity with which we would be happy to be treated, we will have emerged from the dark history of psychiatry into a brighter future.