The Oxford Service for the Young Adult Chronically Mentally Ill

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The final page of this manuscript was inadvertently omitted and the full Comment section is printed below. We regret this omission.

Comment

A number of local factors highlighted the needs of the "new long-stay" in Oxford. The young, growing population and the influx of many students increases the group liable to the onset of schizophrenia, although the numbers of first admissions (diagnosis ICD 295 & 297) are not excessive: 70 in 1982, 46 in 1983 (Oxford Record Linkage Study) equivalent overall to 12 per 100,000 per annum. Before 1980 those in-patients who did not respond to treatment, however, tended to remain "blocking" acute beds because of the very few long-stay beds available. It has been demonstrated that the average length of stay in an acute unit can be reduced to 16 or 17 days with no apparent ill effects for the patient and with no increase in the readmission rates. Hirsch[1] has pointed out the very considerable cost savings of so running acute services, but also that "... small changes in the number of longer staying patients have an enormous effect on the number of beds used and the potential turnover capability of the unit". A third Oxford factor was the decision in 1976 not to open a Regional Secure Unit but to contain such patients in the local hospitals. In Oxfordshire all psychiatric units are open and there are no secure units or disturbed wards to contain (and conceal) any of the chronically mentally ill. By 1980, therefore, the generation of potential new long-stay patients was particularly visible in Oxford and the service described above was created. As its primary aim is to prevent patients becoming long-stay and institutionalised the term "young adult chronic patient" was borrowed from the United States, rephrased as the "young adult chronically mentally ill".

The use of the description "young adult chronically mentally ill" also has the advantage of distinguishing this group from the "old new long-stay" whose needs are significantly different. The younger group should enter the rehabilitation service with many of their life skills still intact. The task for the carers is "preventative rehabilitation", maintaining both skills and self-esteem whilst containing the active illness (actually schizophrenia). The Young Adult Unit aims to prevent its patients from becoming new long-stay. The purpose of this paper is to describe the service rather than to present detailed results (a full outcome study is in progress). Nevertheless it may be significant that in April 1986 there were only 6.2 per 100,000 new long-stay (current admission one to five years, under 65 years old) patients in Oxfordshire's hospitals compared to the 17.2 revealed in the recent Scottish Survey.

It is my opinion that the young adult chronically mentally ill are a distinctive sub-group with distinctive needs. Their numbers are not large but they do require continuing care and the provision of a wide range of services including, but not exclusively, staffed hostels. Most patients would be able to live independently for most of the time providing they had easy access, when needed, to more intensive care. Ideally the patient should be supported by the same staff team when he is in hospital in relapse as when he is living in "the community". It may, therefore, be worth considering whether other Young Adult Units should be developed in other large towns and cities.

REFERENCE

[1] HIRSCH, S. R. (1983) Bed requirements for acute psychiatric units: the concept of a norm. *Bulletin of the Royal College of Psychiatrists*, **7**, 118–122.