with aids to nursing the physically handicapped and have a ratio of 1 nurse to 1·20 patients.

Medium Dependency Wards

These wards contain patients with severe chronic brain syndromes who are normally continent with regular habit-training regimes, but who are severely confused, sometimes aggressive and frequently restless. They need a great deal of supervision and carefully monitored diversionary activities. A ratio of 1 nurse to 1·5 patients is necessary.

Low Dependency Wards

These wards do not exist in many hospitals, especially where local authority residential care facilities are coping with the less severely demented. In essence the patients are no more than moderately demented and show reasonable levels of self care, but are inclined to wander and to show restless behaviour at nights. Where they do exist such wards demand a staffing ratio of 1 nurse to 2·0 patients with staff concentrating on habit training, social skills training and diversionary activities.

Rehabilitation Wards for 'Graduates'

About 20 per cent of the long-stay population of the mental hospitals are 'graduates' who have passed their 60th birthday. Many are light nursing problems but lack social skills and initiative. It is often difficult to rehabilitate these patients individually, but group rehabilitation linked to the provision of aftercare by the local authority social services department—often by the provision of a long-stay hostel—is much more successful. If more active rehabilitation of graduates s to be attempted, multidisciplinary skills are demanded, including nursing skills. The level of nurse staffing required would be 1 nurse to each 1·5 patients participating in the rehabilitation programme.

Policy 2

We should evolve a model District Service for the Elderly Mentally Ill as follows:

1. Assume total population = 100,000
2. Assume 15 per cent over 65 = 15,000

		Nurses
Acute treatment beds (1 per 1,000) = 15	12·5
Aftercare beds (3 per 1,000) = 45	30·0
Day hospital places (2 per 1,000) = 30	6·0
Community nurse assessment and treatment	2·0
Total	50·5

Nurse Training and Experience

Nursing the elderly mentally ill calls for knowledge and experience of both mental and physical nursing skills and in particular of geriatric nursing skill. There is a great need for psychiatric nurses who wish to work in this field to obtain training experience in geriatric nursing.

The doubly qualified nurse holding both SRN and RMN certificates is particularly valuable in the assessment unit or the day hospital for the elderly psychiatric patient, and we would recommend that charge nurses on such units should be so qualified wherever possible.

The number of trained staff should be approximately equal to the numbers of nursing assistants and students in the acute assessment and treatment situation, and in aftercare wards the proportion of trained to all staff should not fall below 1 in 3.

Addendum

To many practising doctors 'norms' have little meaning; they are more concerned with the number of nurses on a ward. We would suggest the following *minimum* nursing staff provision:

Acute wards (30 beds)	6 nurses on duty between 8.00 am and 9.00 pm.
	2 nurses on night duty.
Chronic wards (30 beds)	4 nurses on duty by day, 2 at night.

GROUP FOR THE PSYCHIATRY OF OLD AGE

There will be a Day Conference on 'Psychiatric Services for the Elderly' on Monday, 6 February, at the Royal Society of Medicine, 1 Wimpole Street, London W1. Programme and application form from the Royal College of Psychiatrists (telephone 235 2351: ext. 30).

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