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Correspondence

AGE DISTRIBUTION AT DEATH OF MENTALLY HANDICAPPED IN-PATIENTS

DEAR SIR,

Many severely mentally handicapped people have a life expectancy less than the normal. Cases of Down's syndrome, for example, aged over 60 are rare. Long-stay hospitals for mental handicap contain a relatively small proportion of residents aged 60 and over. In a hospital for mental handicap, therefore, the age at death should have a wide distribution.

At Meanwood Park Hospital, Leeds, a typical hospital for mental handicap, the age distribution of all deaths over the 19 years from 1960 to 1978 is shown in the Table (below).

The distribution of the ages at death shows a diphasic pattern. There is a peak in the 10 to 29 period, a fall in the 30 to 39 age group, rising to a higher peak in the 40 to 69 range.

One hundred and sixty-five (55.57 per cent), that is over half of the total deaths, occurred before the age of 50; 132 (44.43 per cent) occurred after age 50. Over one in five of the total deaths, 63 (21.21 per cent), occurred in the first 20 years of life. Over one quarter of the total, 85 (28.61 per cent), were in patients aged 60 and over. Less than one in ten of the deaths, 29 (9.76 per cent), were residents aged over 70.

It is concluded that in the hospital for mental handicap a considerable proportion of the patients die in the early decades of life so that there are relatively fewer survivors into the later decades. Those patients who die early tend to be the most severely mentally handicapped, who suffer from specific syndromes associated with mental handicap, have brain damage, epilepsy and motor dysfunction. In contrast to these patients those dying in the later years are generally of higher intelligence, show mental retardation of less specific origin and are often physically and mentally well preserved.

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Age range at death	Under 1 year	1–9 years	10–19 years	20–29 years	30–39 years	40–49 years	50–59 years	60–69 years	70+ years	Total
Number of deaths	4	23	36	40	21	41	47	56	29	297
Per cent	1.35	7.74	12.12	13.49	7.07	13.80	15.82	18.85	9.76	100

ATTITUDES OF PATIENTS AND RELATIVES TO COMPULSORY ADMISSION

DEAR SIR,

Compulsory admission to a psychiatric hospital has been the subject of much discussion. It is considered by some that the safeguards provided in the 1959 Mental Health Act are not enough to prevent abuse, and the recent White Paper on proposed amendments to this Act recognizes and attempts to rectify some of the objections raised. But how does the 1959 Act, as practised today, stand up to scrutiny? What kind of patients are detained? What are the views of patients and next-of-kin who have been through the experience of compulsory admission? To find answers to these questions, we carried out a survey of compulsory admissions to a large psychiatric hospital responsible for a District population of 250,000.

The survey was confined to patients admitted during 1978 under a section of the Act other than a court order involving Sections 60, 65 or 72. Attempts were made 4–5 months after the end of the year to interview the patients and their next-of-kin using a standard questionnaire. Those who could be contacted, and were willing, were seen personally in their own homes, whilst others were sent the same questionnaire by post. Information was sought on three

aspects: namely the extent and severity of their illness, whether compulsory admission to hospital was appropriate, and the usefulness of hospital treatment.

The total number of admissions for 1978 to the hospital was 878, of which compulsory admissions (excluding Sections 60/72) were 54 or 6.2 per cent of the total. Of these, four diagnosed with senile dementia have since died. Twenty patients, mostly with a diagnosis of senile dementia or chronic schizophrenia were still resident in the hospital when the survey was carried out. Attempts to obtain their views were abandoned after the majority of them, upon interview, were found to be in such a mental state as to preclude them from answering the questions with critical judgment and insight. Nevertheless, attempts were made to obtain the views of their relations, using the standard questionnaire.

Of the thirty patients remaining, twenty responded to the questionnaire. The ten non-responders included one patient with no fixed address, two who had since moved leaving no forwarding address and two patients (and relatives) who were not willing to participate.

All the patients admitted that they had been ill at the time of admission. Fifteen patients (75 per cent) thought compulsory admission had been appropriate while 20 patients (80 per cent) said that the hospital stay had been helpful. The five patients who believed that compulsory admission had not been necessary, or that the stay in hospital had not been helpful, did so principally because of their dislike of the wards to which they had been admitted.

The next-of-kin of 31 patients replied to the questionnaire; the remainder were living far away from the hospital or had no close contact with the patients. All of them stated that the patients had been ill at that time and the stay in hospital had been helpful. Only one relative believed that compulsory admission had not been necessary, believing that the patient who was an in-patient at a district general hospital unit had been transferred to the large psychiatric hospital under a compulsory order as a punitive measure. The other 30 thought that the compulsory order had been used in appropriate circumstances.

Thus, this survey shows that the provisions for compulsory admission had been sparingly used in this hospital, for patients who admitted to being ill, and that the manner of their application and subsequent treatment were found to be generally acceptable to most of the patients and their next-of-kin. We are now extending the survey to include other hospitals and a larger number of patients.

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Diagnosis and sections used for compulsory admissions in 1978

Diagnosis	Total number	Male	Female	Section under which admitted			
				29	25	26	136
Schizophrenia	25	14	11	11	5	1	2
Schizo-affective	6	2	4	6	–	–	–
Manic depressive psychosis	6	1	5	3	2	–	–
Depressive illness	4	1	3	4	–	–	–
Alcohol/drug abuse	4	2	2	3	1	–	–
Personality disorder	3	–	3	2	1	–	–
Paraphrenia	1	–	1	–	1	–	–
Senile dementia	12	7	5	9	3	–	–
(Total all admissions 878)			Total	38	13	1	2

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