

## Editorial Preface

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A poor outcome has long been thought to be a defining characteristic of schizophrenia and it is not therefore surprising that there have been numerous follow-up studies of cohorts of patients with that condition. Many concern large numbers of patients followed up in some detail for substantial periods, and yet we have conducted another such investigation. We believe it was worthwhile. The study is unusual in a number of respects. It concerns all patients fulfilling operational criteria for schizophrenia who were discharged from the Harrow psychiatric services over a 10-year period – more than 500 individuals. The follow-up period ranged from 3 to 13 years and almost 94% of patients were traced. It seems probable that the high success rate in tracing the patients related in part to the fact that many of them had been assessed or treated at some time by the investigators. Our particular interest in schizophrenia meant that we had close involvement with the relatives as well as the patients, and this is likely to have helped in the tracing process. Some of the patients had been under the care of consultants who were not a part of the study and it includes patients who were never involved with any special assessment or investigation.

The study sample is not a catchment-area population. Northwick Park and Shenley Hospitals provide the only National Health Service (NHS) facilities for the in-patient care of psychiatric patients from Harrow and it is our understanding that it is very unusual for Harrow patients to receive such care solely within the private sector. It is therefore likely that all or nearly all Harrow patients who would fulfil the entry criteria have been included, but the study also concerns patients from other addresses who had been admitted to the NHS beds of the psychiatric unit at Northwick Park because of the interest of the staff in the study of schizophrenia. Most of these patients came from adjacent boroughs and were referred by their general practitioners.

We had the opportunity to compare the patients in the present follow-up (which covered those discharged between 1975 and 1985) with an earlier follow-up study of patients discharged from Harrow psychiatric services between 1970 and 1975. At that time Harrow psychiatric services were provided at Shenley Hospital, a large traditional mental hospital

11 miles (18 km) from Harrow. The psychiatric unit in Northwick Park opened at the end of 1974 and most services other than long-stay facilities were transferred there. We therefore had the possibility of comparing the outcome of patients treated in two very different types of service.

This study was carried out partly for practical reasons related to the need for information on which to base decisions about the future of local psychiatric services, and partly because of the interest of the investigators in the nature and determinants of the outcome of schizophrenia. It was fascinating to conduct, in part, of course, because of the findings which are shown in the many tables of the papers which follow, but at least as much because of the chance that was provided for us to see for ourselves exactly what had happened to the patients we had seen years before. Their lives had not, of course, been easy – recurring symptoms and repeated admissions were usual, some of the patients were dead, many suffered unemployment and other social difficulties, and a distressing proportion had tried to harm themselves. Just a few were entirely well and leading happy and indeed successful lives. Some others, in the face of continuing or recurrent symptoms, coped with their responsibilities and made substantial achievements, but many led very limited lives. The reality of the fashionable concept of the heterogeneity of schizophrenia was very apparent to us.

Tables of results such as those presented in the papers which follow do not always convey the fascination of an issue, and in this report we have emphasised measurable matters such as symptoms and deficits, admissions, deaths, and criminal charges. The outcome of schizophrenia is indeed a tragic issue, but our concentration on these negative measures emphasises the pessimistic aspects of the investigation. Some aspects of the findings were positive. There were, of course, the patients who recovered and those who coped well in the face of major symptoms, but in addition it was a pleasure to note some aspects of delivery of care which seemed to be strikingly successful. We were very pleased to find that the increased level of medical and specifically psychiatric aftercare achieved for the 1975–85 cohort appeared to be associated with

significant reductions in the burden of care experienced by the relatives, and we were also, at an anecdotal level, very much impressed by the occasional striking successes of the policy of the local authority in providing priority housing for mentally ill people. Patients with schizophrenia do not always cope well when provided with flats of their own and those whom psychiatrists are asked to visit at home are often managing very badly. There were just a few patients in this study who, in spite of the fact that they (and in one case also the spouse) had ongoing symptoms, took great pleasure in inviting us into their well kept and carefully decorated homes which they said themselves had provided them with an interest and a sense

of purpose and independence that they had not previously known.

The senior investigators in this project have been involved in the study of schizophrenia for many years, and indeed the work that we have published between us concerns thousands of individuals with this disorder. In spite of our familiarity with the problems of schizophrenia during this study, we were once more profoundly impressed by the suffering of the patients, the stoicism with which many of them face the problems imposed by their illness and by the steadfastness shown by the relatives, who often have few rewards but many difficulties. I hope that some of our admiration for these people shines through the tables, figures and densely written text which follows.