New long-stay beds for functionally ill patients in old age psychiatry

DEAR SIRS

May I draw attention to an error in the 'Guidelines for Regional Advisers on Consultant Posts in the Psychiatry of Old Age' (*Bulletin*, July 1987, **11**, 240–242).

Section 7a of this document states that the facilities provided should include 0.17 long-stay beds per 1000 population for elderly patients suffering from functional psychiatric illness. The context makes it clear that the word "population" is here intended to mean "population over the age of 65".

This is wrong. The DHSS has never issued any normative guidance for the need for hospital beds for this group, either for elderly patients or for younger patients.

The 1975 white paper *Better Services for the Mentally Ill* (DHSS) commented (paragraph 4.53) "Professor Wing has estimated that the number of hospital places required for "new" long-stay patients aged under 65 would be about 0.17 per 1000 or 30–35 in an average health district". This suggestion was based on the findings of a research study by Mann & Cree, sponsored by the DHSS and carried out under the supervision of Professor Wing. The findings were briefly referred to in paragraph 4.52 of *Better Services for the Mentally Ill*, although they were not published in detail until 1976 (Mann & Cree, 1976). The study was confined to patients aged under 65 and, therefore, provided no information about the need for beds for long stay patients aged over 65, nor was it intended to do so.

The comment in *Better Services for the Mentally Ill* was not intended to apply to the over 65 population and no conclusions can be drawn from this document as to the need for long-stay hospital beds for elderly patients suffering from functional psychiatric illness.

Data provided by regional censuses of mentally ill in-patients carried out annually by the Trent Regional Health Authority between 1982 and 1987 indicate that the number of hospital beds occupied by new long-stay patients over the age of 65 suffering from functional psychiatric illness varied during that period between 0.51 and 0.66 per 1000 of the over 65 population.

Health Services administrators at regional and district levels are heavily dependent upon official and semi-official guidance, which they are not usually equipped to evaluate critically. In this area the erroneous figures shown in Section 7a of the "Guidelines for Regional Advisers on Consultant Posts in the Psychiatry of Old Age" have been used by administrators for planning purposes.

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References

DEPARTMENT OF HEALTH & SOCIAL SECURITY (1975) *Better Services for the Mentally Ill.* (Command Paper 6233)

MANN, S. A. & CREE, W. (1976) "New" long stay psychiatric patients: a national sample survey of fifteen mental hospitals in England and Wales 1972/73. *Psychological Medicine*, **6**, 603–616.

Dr Wattis replies

DEAR SIRS

Dr Bronks is right! Our only excuse for the erroneous guidance is that the figure of 0.17 beds per thousand elderly for functional illness appeared in the earlier draft guidelines (*Bulletin*, June 1981) and was simply carried over into the final guidelines.

For a long time, psychogeriatricians have been trapped by the DHSS convention that old age psychiatry only has a specific allocation of beds for assessment and long-stay care of the "elderly severely mentally infirm" (people with severe dementia). The functional beds, whether acute or long-stay – have been generally, if erroneously, assumed to be contained within the allocation for general psychiatry yet, as Dr Bronks points out, for "new" long-stay beds, the guideline was constructed specifically to exclude old people. There are also problems for acute functional illness, where the guidelines contained in the Government response to the second report from the Social Services Committee, 1984–85 session, could apparently result in some districts with unusually large elderly populations having no beds left for the acute care of non-elderly psychiatric patients. Perhaps with the *de facto* emergence of old age psychiatry as a separate speciality and with probable official recognition of this, the time has come to develop a set of guidelines, which are age-related and independent of those for the non-elderly population.

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