Book reviews

Survey of English Mental Hospitals. March 1993. Prepared for the Mental Health Task Force by Mike Davidge, Sue Elias, Bob Jayes, Kate Wood and John Yates. 1993. Pp 40. £5.00 including postage. Cheques to be made payable to the University of Birmingham. Available from Inter-Authority Comparisons and Consultancy, Health Services Management Centre, 40 Edgbaston Park Road, University of Birmingham, Birmingham B15 2RT

This important report questions assumptions about the evolution of mental illness residential services, especially over the past decade, and draws attention to problematical future plans.

Evidence is presented that hospital closures have occurred only recently, despite reductions in mental hospital beds throughout the more than three decades since Enoch Powell's famous 'water tower' speech. Few of the 130 water tower hospitals which existed in 1961 closed prior to 1985; from 1986 to the present there have been 31 closures but in the earlier years these were often mergers of adjacent hospitals.

Despite the closures, the total number of beds for mentally ill and elderly mentally infirm patients in England has remained almost static from 1982 to 1992, at around 80,000. Whereas from 1890 to probably as late as the early 1980s more than 95% of beds were in large mental hospitals, only 58% of the NHS hospital provision and a smaller proportion of the total provision is now so situated. The number of hospitals and homes of various kinds, including local authority, voluntary and in particular 'private' i.e. commercial, has grown from around 1000 to almost 2500 over the same period. The commercial sector for mental illness has grown the most: from 764 residents in 53 homes in 1982–83 to 5507 in 417 homes by 1991–2, with an even greater increase in its hospitals.

These findings have obvious implications. Despite the growth in other provision almost three quarters of the places are still in hospitals, although mainly smaller ones. Providing community accommodation that does justice to the remaining hospital patients' potential is a formidable task, especially as it is mainly the more disabled who have stayed there, and would be expected to require a reflective, coordinated and long-term strategy. However, the report tabulates some 60 closures of whole hospitals or their main buildings which are planned to take place before the end of the century. Closures are now decided by local purchasers, at a distance from the patients concerned and from their current and future providers, driven predominantly by short-term financial and other tactical concerns in a competitive market. That the majority of long-stay patients already moved out have so far coped remarkably well with the transition is mainly a tribute to themselves and should not be a source of complacency about the services provided. There are lessons from the first wave of closures and what has happened since which need to be thought through and applied carefully.

It will be a great pity if community care is brought into disrepute instead of an adequate policy being implemented. This report is an important step in providing the information on which this could be based, and is encouragingly the first stage of a larger study. It contains a great deal of useful detail and computer disks are also available which provide data on individual hospitals.

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Learning Disabilities: the fundamental facts. London: The Mental Health Foundation. 1993. Pp 48. £4.50

As is stated at the start of this report, people with severe learning disabilities are among the most vulnerable in our society. A clear, well presented statement as contained in this booklet from the Mental Health Foundation is much to be welcomed. It covers most of the issues concerning the provision of appropriate services across the age range and includes those from education, social services and health.

This booklet is not a blind advocate of community care or of any of the prevalent fashionable bandwagons. It remains open-minded about recent legislation, saying for example, "We have yet to see how successful these policy innovations will be".

Much of the booklet is taken up with a series of questions with the answers illustrated by a pie chart or by other simple graphics. These highlight that despite the high incidence of mental and physical disability in the population very many cases are never brought to the attention of the medical profession.

A good example of the question and answer method is "Are learning disability hospital populations declining?". The answer, well illustrated, shows that although the numbers of long-stay patients have halved, short-term admissions have gone up by 157% and out-patient attendances by 90%. This is sound evidence of the increased workload. Another interesting example concerns the work opportunities for people with learning disability and concludes that providing sheltered work would not only be much more acceptable but much less expensive.

The challenging behaviour section explains this sometimes controversial term better than most and shows that the causes are many. However, although self-injurious behaviour and aggression are more commonly found in conditions of neglect and deprivation, some of the more severe cases arising in childhood or adolescence and persisting in adult life can appear under the best available conditions and are now thought to be more likely to arise from brain dysfunction, about which too little is known.

The nomenclature for learning disability is constantly changing and therefore confused and misleading. Somehow the document has managed to tackle this, despite the possible confusion that the expression which is used, "impairment of mind", may have with "mental impairment" as used in the Mental Health Act. The emphasis, is however, that disability is that which hinders the individual's ability to participate on equal terms with others. This excellent book, which should be read by policy makers and by those who have to live with such policies be they providers, purchasers, carers or those afflicted themselves is to be warmly welcomed. It is to be hoped that some of the challenges that itself sets up will be answered and improvements in services follow.

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Suicide and Schizophrenia. By Gary Hogman. 1993. Pp 40. £4.50. Available from NSF, 28 Castle Street, Kingston upon Thames, Surrey KT1 1SS

At first glance we might be tempted to dismiss a collection of newspaper cuttings, the approach adopted in this NSF publication, as too unreliable a way to gain information on any clinical matter. We would be well advised, however, to take this salutary report very seriously, and to glean from it the many important and telling insights which it provides with regard to the present day care of persons who suffer from schizophrenia. It holds a mirror up to what we do, and if we really are to strive to produce the best form of care for our patients we cannot afford to ignore its contents.

One hundred and sixty-four deaths between April 1991 and July 1993 in persons with schizophrenia were identified through a news cuttings service, covering the trade press and national and local papers throughout England. Little detail is given about the reliability of such a method of data collection. Details contained in the reports varied considerably, but they were consistently sufficient in terms of basic information to allow a content analysis.

Problems related to variation in approach adopted by individual coroners feature prominently. The Department of Health's White Paper, *The Health of the Nation* allows for these to some extent by including both open and suicide verdicts in its targets for suicide prevention. Nevertheless any selective reluctance to acknowledge suicidal deaths in people suffering with schizophrenia may make us less alert to their need for specialised services. There is indeed some evidence of systematic bias in the way such deaths are categorised; jumping from heights is less likely than drug overdose to be classified as suicide; likewise the methods of hanging and drowning appear to be characterised less often as suicide in persons with schizophrenia than they are in suicides as a whole. This seems to stem from the fact that coroners are unwilling to reach a verdict of suicide if it appears that the death was directly related to psychotic symptoms, thereby raising doubts about the person's 'true intent'. The report comments that such a problem is important because it may lead to an underestimate of suicide rates in schizophrenia, besides giving the impression that suicide is difficult to prevent when this form of illness is active.

Raw numbers, as utilised here, do not themselves allow us to draw firm conclusions about the distribution of deaths between various health regions. Apart from the fact that the sample is very small, and for that reason alone potentially unreliable, we need to calculate the rates for specific age groups, especially those concerning young adult men, before taking this kind of analysis further. And yet the seven-fold discrepancy between numbers in certain areas in the north of England compared with some in the south are startling, and not to be dismissed easily. They are not closely reflected in the overall suicide rates in the relevant areas.

Other points of concern identified in this document reflect very closely those which arise from more systematic studies. Deaths in hospital or soon after discharge from hospital care, and problems related to medication, alert us to the difficulties encountered in managing suicide risk in persons under our day to day care. The hospital-community gap, inadequacies in level of