

# CARE OF PERSONS WITH A MENTAL HANDICAP OR MENTAL ILLNESS IN SCOTLAND

Second statement prepared and presented pursuant to c.33  
Section 11 of the Disabled Persons (Services, Consultation  
and Representation) Act 1986

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### Care of persons with a Mental Handicap or Mental Illness in Scotland

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# DISABLED PERSONS (SERVICES, CONSULTATION AND REPRESENTATION) ACT 1986

Statement by the Secretary of State for Scotland under Section 11 of the Disabled Persons (Services, Consultation and Representation) Act 1986 concerning the development of health and social services for persons suffering from a mental illness or mental handicap.

## Foreword

Under Section 11(1) of the Disabled Persons (Services, Consultation and Representation) Act 1986 the Secretary of State for Scotland has a duty in each year to lay before each House of Parliament a report containing information on the development of social work services in the community for persons with a mental illness (including dementia) or mental handicap. The Report is required to include statistics in relation to in-patient care for such persons in National Health Service hospitals together with other such information as he considers appropriate for the purpose.

Information on social work services is obtained from local authorities annually in respect of the services that they provide under the Social Work (Scotland) Act 1968 and on in-patient care from the Common Services Agency of the National Health Service in Scotland. Statistics of both kinds are published annually under well established arrangements.

This is the second report to be provided by the Secretary of State under the provision referred to above.

## Statement under Section 11(1)

1. The development of community care services for persons who are mentally handicapped or who suffer from a mental illness remains an established objective of health and social care policy in Scotland. This was a central feature of the White Paper "Caring for People" published in November 1989. Similarly the "Scottish Health Authorities Review of Priorities for the Eighties and Nineties (SHARPEN)", published in 1988, included services for old people with dementia, people with a mental handicap and people who are mentally ill in the priority groups.
2. Section A of the statement deals with the availability of residential accommodation, day care and health facilities for mentally handicapped and mentally ill persons. Section B deals with hospital in-patient numbers, while Section C is concerned with policy development and particularly the work currently in train to implement the proposals published in "Caring for People" and given legislative effect through the National Health Service and Community Care Act 1990.
3. The tables included in this statement provide updated information along with details for the previous year for purposes of comparison. Figures with regard to local authority residential and day care provision are for 31 March 1989. Out-patient information for NHS hospitals is available for the year ended 31 March 1990. Hospital in-patient statistics are not available beyond the calendar year 1989 and it should be noted that many of these figures are provisional.

### A. Social Work and Health Services in the Community

#### Homes for the Mentally Handicapped and Mentally Ill

4. Mentally handicapped and mentally ill people are housed in a range of accommodation including residential homes of a traditional character and smaller group homes which have been developed more recently. Registered homes included in Table 1 are homes which are registered by the local authority under its social work powers as is necessary in all cases in which a planned programme of social care is

Table 1

Residents in Homes for People with Mental Handicap and People with Mental Illness—Occupancy Rate at 31 March 1989

	People with mental handicap		People with mental illness	
	Number	% Occupancy	Number	% Occupancy
Local Authority Homes				
1988	807	89	102	61
1989	835	89	103	67
Registered Homes				
1988	906	94	124	90
1989	1,167	91	171	92
All Homes				
1988	1,713	91	226	74
1989	2,002	90	274	81

offered. There were 65 local authority homes for mentally handicapped people at 31 March 1989, 30 private homes and 76 voluntary homes, representing increases of 4, 14 and 23 homes, respectively, on the previous year. There were 49 homes for mentally ill people at 31 March 1989, three more than in 1988. There were five new homes for people with mental illness in the registered sector but two fewer local authority homes. Recent trends on length of stay in homes for persons with a mental

handicap and mental illness respectively are relatively constant but Table 2 shows the rather higher rate of turnover in the latter homes.

Table 2

**Residents in Homes for People with Mental Handicap and People with Mental Illness—Age by Length of Stay at 31 March 1989**

Age Group (years)	Length of Stay								All residents	
	0-6 months		6-12 months		1-5 years		5+ years		1988	1989
	1988	1989	1988	1989	1988	1989	1988	1989		
<b>Homes for people with mental handicap (LA and Registered)</b>										
0-15	—	—	1	—	1	1	—	—	2	1
16-30	51	89	54	41	302	332	148	158	555	620
31-45	37	62	47	43	227	282	247	277	558	664
46-64	30	36	37	31	208	254	203	219	478	540
65+	3	6	4	2	21	33	34	36	62	77
All residents	121	193	143	117	759	902	632	690	1,655	1,902
<b>Homes for people with mental illness (LA and Registered)</b>										
0-15	—	—	—	—	—	—	—	—	—	—
16-30	11	26	7	14	22	20	2	2	42	62
31-45	13	19	12	5	24	40	12	6	61	70
46-64	14	12	6	19	23	39	32	29	75	99
65+	—	1	2	3	12	15	25	25	39	44
All residents	38	58	27	41	81	114	71	62	217	275

5. There are other residential facilities in Scotland for the mentally handicapped and the mentally ill of which the social work departments are aware but with which there is only a small amount of social work involvement: registration with the local authority under the provisions of the Social Work (Scotland) Act 1968 is not deemed to be required in these cases. Mentally ill and handicapped people living in these facilities may have contact with social work support services but require a less intense service than those living in registered and local authority homes. The number of these homes and the places provided in them have been growing steadily in the recent past. However, by 31 March 1989 a total of around 708 occupants had been included in annual returns by local authorities, a fall of around 100 occupants on the 31 March 1988 figure. Comprehensive returns are not made for this type of home and the information available in Table 3, derived from a variety of sources, is almost certainly an underestimate.

Table 3

**Additional Homes for People with Mental Handicap and People with Mental Illness of which Social Work Departments were Aware—as at 31 March 1989**

Year	People with mental handicap			People with mental illness		
	No. of homes	No. of occupants	% Occupancy	No. of homes	No. of occupants	% Occupancy
1988	127	464	97	102	340	98
1989	106	367	95	96	341	99

6. The local authority and registered (voluntary and private) accommodation, as well as unregistered accommodation which has come to the attention of local authorities through reported involvement of social workers, does not in any sense represent the total amount of accommodation which is available for community care purposes. Housing associations and other housing agencies make a significant contribution particularly towards meeting the housing needs of people with mental handicap. Some 483 units of accommodation were provided for this purpose at 31 March 1989 by the two housing associations principally concerned, an increase of 38 (8.5%) since 1988. Accommodation provided by other housing agencies (including district and

islands councils and Scottish Homes) is not recorded separately but the number of units is known to be considerable.

7. For both the mentally ill and the mentally handicapped the most desirable option is ordinary domestic accommodation which is associated in a meaningful way with the surrounding community. Special housing provision for the mentally ill in terms of particular design has not been considered necessary in the past so that houses have not been built specifically for persons in this category.

**Mentally Ill and Mentally Handicapped in Homes for the Elderly**

8. Homes for elderly people include a number who are mentally ill or mentally handicapped. Some have two or more handicaps so that the percentages shown in Table 4 below have to be treated with some care. At 31 March 1989, 5% of residents in all homes for the elderly were shown in local authority returns as mentally handicapped and 6% as mentally ill, as against 29% who were said to be mentally confused.

Table 4

**Homes for the Elderly: Persons with Mental Handicap and Persons with Mental Illness: Handicaps by Status of Home—31 March 1989**

Age	Type of Handicap						Total number of residents		
	Persons with mental handicap <sup>1</sup>			Persons with mental illness <sup>1</sup>					
	0-54	55-64	65 +	0-54	55-64	65 +	0-54	55-64	65 +
<b>Local Authority Homes</b>									
1988	17	73	409	3	16	531	31	182	8,857
1989	18	68	397	2	14	553	26	155	8,673
<b>Voluntary Homes</b>									
1988	4	11	68	0	6	167	10	54	3,929
1989	4	10	119	0	4	225	9	57	4,073
<b>Private Homes</b>									
1988	4	17	73	0	6	109	7	50	2,651
1989	2	21	103	0	10	146	9	75	3,013
<b>All Homes</b>									
1988	25	101	550	3	28	807	48	286	15,437
1989	24	99	619	2	28	924	44	287	15,759

1. Numbers of people living in homes for the elderly who were both mentally ill and mentally handicapped were 16 in 1988 and 12 in 1989 and have been included in both categories in the above table.

**Day Centres for People with a Mental Handicap and People with Mental Illness**

9. Day care places for persons with a mental handicap have been increasing steadily, by 49% over nine years to 7,586 at 31 March 1989. There was a total of 7,151 places available for people with a mental handicap in local authority day centres and 435 places in registered (private and voluntary) centres. Day centres are shown in annual returns provided by local authorities according to the main or majority group attending. Table 5 shows the number of places available and the numbers attending day centres for which the mentally handicapped, the mentally ill and the multiply handicapped are the main group attending at 31 March 1989. Of the 7,687 attending day centres primarily used by people with a mental handicap, 83% (6,392) were mentally handicapped, 10% (739) were multiply handicapped and only 0.4% (30) had a mental illness. Of the remainder, 262 (3%) were physically handicapped persons. There was a large rise in numbers of places and numbers attending centres for persons with multiple handicaps. This was largely due, however, to the changes in the main group attending at two centres compared to 1988.

**Children**

10. Separate statistics on community care services for children are not available but it is known that at 31 March 1989, 146 children with mental handicap and 139 with multiple handicaps attended day nurseries. In addition, the range of services in many areas includes voluntary projects providing respite care, day care and various schemes for sharing the care of mentally handicapped children. Educational provision for special needs on a residential basis also serves community care objectives.



**Day Centres for Persons with Handicaps and for Persons with Mental Illness: Places (by Main Group Attending)—at 31 March 1989**

Centre by Main Group Attending	31 March 1988			31 March 1989		
	Places	No attending	% attending	Places	No attending	% attending
Persons with Mental Handicap						
Local Authority	6,527	6,453	99	7,151	7,226	101
Registered	547	570	104	435	461	106
All	7,074	7,023	99	7,586	7,687	101
Persons with Mental Illness <sup>1</sup>						
Local Authority	97	395	407	85	393	462
Registered	135	146	108	135	121	90
All	232	541	233	220	514	234
Persons with Multiple Handicaps <sup>2</sup>						
Local Authority	62	61	98	259	405	113
Registered	156	127	81	133	108	81
All	218	188	86	492	513	104

1. 1988 figures revised.

2. Main group attending two centres changed between 1988 and 1989. One centre with 166 places changed from Mental Handicap to Multiple Handicap and another with 70 places changed from Physical Handicap to Multiple Handicap.

### Health Services in the Community

11. Tables 6 and 7 below show the number of day-patient places, day-patient attendances and out-patient attendances at NHS hospitals and Consultant Clinics in the specialties of psychiatry and mental handicap. The psychiatric attendances have been broken down to provide information about adult psychiatry, psychogeriatrics and child and adolescent psychiatry.

12. It can be seen that for all groups there has been an increase since 1988 in both the number of day places in all categories and in day patient attendances. This appears to be particularly dramatic in the field of child and adolescent psychiatry as more and more children and adolescents are managed on an out-patient or day-patient basis for conditions which previously would have required in-patient care. For all groups as the shift towards community care increases and patients are discharged from hospital, the number of patients seen as out-patients will gradually increase as they retain contact with health staff. An increasing number of people with a mental illness are now receiving support from Community Psychiatric Nurses working from a variety of settings including local health centres.

13. Innovative schemes are also being developed in some areas to provide day care. These include a travelling day hospital in Highland Health Board in recognition of the geographical problems of attending a day hospital service in many parts of the Highlands and also a seven-day day hospital at Stratheden Hospital in Fife Health Board. Such schemes recognise not only the need of patients for continuing support but also the needs of carers in being provided with periods of respite.

14. Whilst there has been a modest rise in the number of out-patient attendances for those with a mental handicap, these statistics do not reflect accurately the amount of contact those living within the community who have a mental handicap have with health professionals. As well as those who attend hospital as an out-patient or day-patient, many people are now seen by members of a Community Mental Handicap Team in a more local setting such as the health centre or adult training centre, or in their own home.

15. As well as providing community support in terms of skilled staff such as Community Mental Handicap Nurses, Health Boards have also made available financial assistance to secure domestic accommodation within the local communities both to enable residents to be discharged from mental handicap hospitals and also to prevent inappropriate new admissions. In some areas Health Boards have purchased houses and staff; in some cases hospital staff have been seconded to look after residents in these community settings.

Table 6

**Day-Patient Places and Day-Patient Attendances: NHS Hospitals: Year ending 31 March**

	1988	1989
<b>Day places</b>		
Mental illness	1,418	1,617
Psychogeriatrics	838	891
Child psychiatry	1	60
Adolescent psychiatry	—	28
Mental handicap	150	168
<b>Day patient attendances</b>		
Mental illness	259,855	261,551
Psychogeriatrics	146,749	149,026
Child psychiatry	2,314	4,150
Adolescent psychiatry	215	3,499
Mental handicap	42,983	44,346

Table 7

**New Out-Patients and Out-Patient Attendances at Consultant Clinics; by Specialty Group: Year ending 31 March**

	1989	1990
<b>New out-patients</b>		
Psychiatric specialties	36,644	36,448
Mental Handicap	660	561
<b>Out-patient attendances</b>		
Psychiatric specialties	248,814	254,436
Mental handicap	3,387	3,400

**B. Hospital In-Patient Statistics****People with a Mental Handicap or Mental Illness as In-Patients in Health Service Hospitals**

16. Tables 8–11 provide details of admissions, discharges, age, sex and length of stay in respect of people with a mental handicap or mental illness in health service hospitals during 1989.

**Mental Illness**

17. Table 8 shows that while the number of admissions to mental hospitals rose there has been a continuing fall in the number of residents in mental illness hospitals as well as a reduction in the number of first admissions emphasising the efforts both to discharge people who are inappropriately placed in psychiatric hospitals and also prevent admission to hospital where at all possible. Reduction of residents in hospital between 1989 and 1988 was more than double that achieved between 1987 and 1988. Table 8 also shows that there has been a rise in re-admissions; this statistic highlights the need for further efforts to be made with those who have a psychiatric illness in preventing re-admission.

18. Table 9 shows the considerable reduction in both mean and median stay in all age groups in 1989 compared with similar figures for 1979. This highlights the policy of endeavouring to keep those who do require admission to psychiatric hospital as in-patients for as short a length of time as possible.

**Mental Handicap**

19. The number of residents in mental handicap hospitals continues to fall as Health Boards pursue an active policy of discharging residents where possible to more appropriate accommodation within the community. This has led to a fall of 300 residents since the previous year. Table 10 shows that there were 89 children resident in mental handicap hospitals; every effort is made to ensure that children no longer grow up in this environment.

## Mental Illness Hospitals and Psychiatric Units—In-Patient Admissions, Residents and Discharges

	1970	1975	1980	1985	1987	1988	1989 <sup>p</sup>
	Number						
<b>Admissions</b>							
All admissions <sup>1</sup>	22,238	25,787	25,935	27,446	28,374	29,162	29,202
First admissions	9,794	10,831	9,986	9,687	9,638	9,847	9,549
Re-admissions	11,999	14,266	15,159	16,591	17,341	17,514	18,110
Transfers-in from other psychiatric hospital	445	690	607	994	1,061	1,266	1,151
Not known	—	—	183	174	334	535	392
<b>Residents at 31 December</b>							
All residents	18,297	17,054	15,817	14,264	14,246	14,001	13,525
<b>Discharges</b>							
All discharges	22,514	25,947	26,033	27,735	28,393	29,407	29,486
Discharged home	16,546	19,489	19,540	21,817	22,384	23,060	22,743
Discharged to hostel	387	564	770	840	1,121	1,260	1,448
Transferred to other psychiatric in-patient care	443	696	651	956	873	1,154	1,024
Transferred to other in-patient care	648	503	563	671	762	717	735
Died	2,307	2,209	2,353	2,628	2,429	2,397	2,730
Other discharge	2,183	2,486	2,156	823	824	819	806
	Rates per 100,000 population						
<b>Admissions</b>							
All admissions <sup>1</sup>	427	495	504	534	555	572	575
First admissions	188	208	194	189	189	193	188
Re-admissions	230	274	294	323	339	344	356
Transfers-in from other psychiatric hospital	9	13	12	19	21	25	23
Not known	—	—	4	3	6	10	8
<b>Residents at 31 December</b>							
All residents	351	328	307	278	279	275	266
<b>Discharges</b>							
All discharges	431	498	506	540	556	578	579
Discharged home	317	374	379	425	438	453	447
Discharged to hostel	7	11	15	16	22	25	28
Transferred to other psychiatric in-patient care	9	13	13	19	17	23	20
Transferred to other in-patient care	12	10	11	13	15	14	14
Died	44	42	46	51	48	47	54
Other discharge	42	48	42	16	16	16	16

1. Includes type of admission 'not known'.

p Provisional.

Table 9

Mental Illness Hospitals and Psychiatric Units—In-Patient Residents and Discharges; by Age, Sex and Length of Stay: 1989<sup>p</sup>

	All stays number = 100%	Length of stay										1989 <sup>p</sup>		1979	
		Percentage										Mean stay	Median stay <sup>2</sup>	Mean stay	Median stay <sup>2</sup>
		Under 4 weeks	4 weeks	8 weeks	26 weeks	1 year	2 years	5 years	10 years and over	Mean stay	Median stay <sup>2</sup>				
<b>Residents at 31 December</b>															
All ages	5,509	12.7	4.3	10.0	8.1	10.8	16.3	10.5	27.2	501	131	673	282		
M	8,016	11.4	4.4	10.2	8.2	12.6	23.5	13.4	16.2	341	119	476	160		
F	49	20.4	12.2	34.7	12.2	12.2	6.1	2.0	—	39	18	56	22		
Under 15	19	26.3	10.5	31.6	15.8	10.5	5.3	—	—	27	16	70	18		
M	229	30.6	14.0	21.4	10.9	7.4	12.2	3.1	0.4	47	11	48	12		
F	162	31.5	14.2	26.5	9.3	7.4	7.4	3.1	0.6	40	11	57	12		
15-24	926	24.1	8.5	14.1	8.1	9.9	16.3	10.4	8.5	149	34	260	93		
M	645	27.9	10.7	20.5	7.3	7.9	12.4	8.5	4.8	103	16	205	24		
F	1,503	12.0	3.6	7.1	5.3	8.1	14.8	13.8	35.1	541	246	698	459		
45-64	1,220	15.3	6.6	9.2	7.2	7.9	16.4	13.6	23.8	390	124	542	240		
M	1,168	5.7	2.8	7.6	6.8	9.2	13.4	11.4	43.1	748	373	915	582		
F	1,433	11.4	3.6	10.8	6.8	13.0	18.4	12.2	23.8	449	133	599	218		
75 and over	1,634	9.0	2.1	9.6	11.1	15.4	20.7	8.3	23.8	564	115	793	215		
M	4,537	7.3	2.8	8.2	8.9	14.7	29.2	14.9	14.0	340	137	455	151		
<b>Discharges<sup>1</sup></b>															
All ages	13,324	63.7	15.3	11.7	2.9	2.0	2.3	0.8	1.2	32	4	47	4		
M	16,163	54.7	18.4	14.6	3.2	2.5	3.9	1.6	1.1	33	4	46	4		
F	215	60.9	5.1	22.8	8.4	2.8	—	—	—	9	4	17	9		
Under 15	109	66.1	2.8	24.8	5.5	0.9	—	—	—	7	4	14	7		
M	1,501	70.2	14.0	12.4	3.1	1.0	0.3	0.1	—	5	3	8	4		
F	1,163	67.2	15.0	14.2	2.3	0.9	0.3	—	—	5	3	7	4		
15-24	5,016	71.9	15.6	9.4	1.6	0.7	0.4	0.3	0.1	6	3	9	3		
M	4,397	66.5	18.3	12.1	1.8	0.7	0.4	0.1	0.1	6	3	9	3		
F	3,256	64.8	16.8	11.0	2.0	1.4	2.0	0.9	1.2	25	3	36	4		
45-64	3,659	55.5	23.6	15.5	2.0	1.5	0.8	0.5	0.6	15	4	29	4		
M	1,306	50.9	17.6	14.5	4.3	3.4	3.3	1.8	4.2	85	4	138	6		
F	2,203	45.7	24.0	18.4	4.0	2.5	3.2	0.9	1.3	33	5	68	6		
75 and over	2,030	45.5	12.7	15.1	6.7	6.2	8.6	2.0	3.3	93	5	214	9		
M	4,632	43.9	12.8	14.3	5.2	5.4	10.9	4.8	2.7	79	6	139	11		

1. Includes transfers out and deaths.

2. Median stay is the length of time chosen such that half of the patients (resident at end of year/discharged during the year) have stayed less than this time, and half have stayed longer.

p Provisional.

Table 10

Mental Handicap Hospitals—In-Patient Admissions, Residents and Discharges,<sup>1</sup> by Age and Sex: 1989<sup>2p</sup>

	Males										Females					
	All ages	Under 15	15-24	25-44	45-64	65-74	75 and over	All ages	Under 15	15-24	25-44	45-64	65-74	75 and over	Number	
Admissions																
All admissions <sup>2</sup>	1,854	670	638	458	68	18	2	1,234	411	380	302	122	16	3		
First admissions	74	18	21	22	9	4	—	64	25	12	19	7	—	1		
Re-admissions	1,749	652	611	415	56	13	2	1,143	386	365	274	104	12	2		
Transfers-in from other psychiatric hospital	28	—	6	19	3	—	—	21	—	2	8	9	2	—		
Not known	3	—	—	2	—	1	—	6	—	1	1	2	2	—		
Residents at 31 December																
All residents	2,500	58	317	1,143	678	212	92	2,042	31	183	808	650	234	136		
Discharges																
All discharges <sup>1</sup>	1,960	665	644	489	108	31	23	1,316	412	380	327	152	31	14		
Discharged to hostel	1,714	657	597	405	41	14	—	1,154	406	365	274	99	10	—		
Discharged to other psychiatric hospital	106	—	31	38	26	5	6	47	2	3	20	10	6	6		
Transferred to other psychiatric hospital	19	—	6	11	—	—	—	21	—	3	7	8	2	1		
Transferred to other in-patient care	13	1	1	5	5	—	—	10	3	—	2	4	1	—		
Died	55	2	4	9	17	8	15	37	1	2	5	14	8	7		
Other discharge	53	5	5	21	17	4	1	47	—	7	19	17	4	—		
			Rates per 100,000 pop													
Admissions																
All admissions <sup>2</sup>	75	137	156	62	13	10	2	46	88	97	42	21	7	1		
First admissions	3	4	5	3	2	2	—	2	2	3	3	1	—	—		
Re-admissions	71	133	150	56	10	7	2	43	83	93	38	18	5	1		
Transfers-in from other psychiatric hospital	1	—	1	3	1	—	—	1	—	1	1	2	1	—		
Not known	—	—	—	—	—	1	—	—	—	—	—	—	—	—		
Residents at 31 December																
All residents	102	12	78	155	127	114	87	78	7	47	112	112	94	62		
Discharges																
All discharges <sup>1</sup>	80	135	157	66	20	17	22	50	88	98	46	26	12	6		
Discharged to hostel	70	134	146	55	8	8	—	44	87	93	38	17	4	—		
Discharged to other psychiatric hospital	4	—	8	5	5	3	6	2	—	1	3	2	2	3		
Transferred to other psychiatric hospital	1	—	1	1	—	—	—	1	—	1	1	1	1	—		
Transferred to other in-patient care	1	—	—	1	—	—	1	—	1	—	1	1	—	—		
Died	2	—	1	1	3	4	14	1	—	—	1	2	3	3		
Other discharge	2	1	1	3	3	2	1	2	—	2	3	3	2	—		

1. Includes transfers out and deaths.

\* See footnote 1, 4, 15.

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2. Includes those where no age was recorded.

Table 11

Mental Handicap Hospitals—In-Patient Residents and Discharges; by Age, Sex and Length of Stay: 1989<sup>p</sup>

	All stays number = 100%	Length of stay										1989 <sup>p</sup>			1979	
		Under 4 weeks <sup>2</sup>	4 weeks	8 weeks	26 weeks	1 year	2 years	5 years	10 years and over	Mean stay	Median stay <sup>3</sup>	Mean stay	Median stay <sup>3</sup>			
		Percentage										Weeks				
<b>Residents at 31 December</b>																
All ages	2,500	2.6	0.4	1.1	1.2	2.3	9.3	9.2	73.9	1,093	1,069	868	685			
M	2,042	1.7	0.2	1.0	1.1	3.3	11.0	8.7	72.9	1,119	1,052	935	736			
F	58	31.0	3.4	5.2	1.7	3.4	22.4	22.4	10.3	189	123	270	252			
Under 15	31	22.6	—	—	6.5	12.9	25.8	12.9	19.4	212	130	297	323			
M	317	6.6	0.6	2.8	2.5	4.4	14.2	17.4	51.4	533	548	483	528			
F	183	7.1	—	2.7	2.2	5.5	16.4	19.1	47.0	516	494	464	487			
15-24	1,143	1.7	0.3	0.8	1.4	2.6	10.1	8.9	74.2	935	827	795	775			
M	808	1.2	0.2	0.9	0.5	4.1	12.6	8.7	71.8	894	972	809	775			
F	678	0.4	0.1	1.0	0.9	1.3	5.3	6.2	84.7	1,398	1,431	1,279	1,173			
45-64	650	0.5	0.2	1.2	1.5	2.5	8.2	7.8	78.2	1,283	1,287	1,204	1,045			
M	212	1.4	0.5	—	—	0.5	8.0	5.7	84.0	1,728	1,693	1,533	1,357			
F	234	0.4	—	0.4	1.3	1.7	11.1	5.6	79.5	1,503	1,326	1,562	1,347			
75 and over	92	—	—	—	—	1.1	6.5	7.6	84.8	1,842	1,672	1,612	1,158			
F	136	0.7	0.7	—	—	0.7	4.4	2.9	90.4	2,020	1,890	1,751	1,826			
<b>Discharges<sup>1</sup></b>																
All ages	1,960	86.2	2.4	1.8	1.4	0.5	1.1	0.9	5.7	95	3	167	4			
M	1,316	85.0	3.1	2.2	0.6	0.8	0.8	1.3	6.2	106	3	201	4			
F	665	98.2	0.5	0.5	—	—	0.3	0.5	0.2	4	2	14	3			
Under 15	412	97.8	0.7	0.5	0.2	—	0.2	0.5	—	2	3	15	3			
M	644	91.5	3.3	1.7	1.4	0.2	1.2	0.3	0.5	8	3	104	4			
F	380	93.2	1.8	2.6	0.5	0.3	—	0.5	1.1	12	3	79	3			
15-24	489	80.8	3.1	2.9	2.5	1.2	1.4	2.0	6.1	83	3	257	5			
M	327	78.6	6.4	3.4	0.9	1.2	2.1	2.1	5.2	67	3	267	6			
F	108	37.0	4.6	5.6	6.5	0.9	2.8	1.9	40.7	657	34	661	233			
45-64	152	61.2	6.6	2.6	1.3	2.0	1.3	2.6	22.4	365	4	392	20			
M	31	35.5	12.9	3.2	—	3.2	3.2	—	41.9	760	12	529	524			
F	31	35.5	—	3.2	—	6.5	3.2	6.5	45.2	875	337	1,167	885			
75 and over	23	4.3	—	4.3	—	—	4.3	—	87.0	1,871	1,851	1,767	2,187			
F	14	—	—	7.1	—	—	—	—	92.9	2,069	2,345	1,150	858			

1. Includes transfers out and deaths.

2. Includes holiday admissions.

3. Median stay is the length of time such that half of the patients (resident at end of year/discharged during the year) have stayed less than this time, and half have stayed longer.

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## C. Policy Development

20. Continuing progress has been made in providing appropriate services and accommodation for people with mental disorders, including community based developments in group living, in the provision of respite services and in day care. Among these are services designed to assist the discharge of patients from long stay hospitals and to reduce the need for new hospital admissions.

21. In the evaluation and development of services for persons who are mentally ill or have a mental handicap centrally funded research plays an important role. The Secretary of State has separate powers to fund research in the social work and health fields respectively.

22. As noted in last year's Report several research studies were underway. In the field of mental health, one is monitoring the demand on local authorities arising from their responsibilities under the Mental Health (Scotland) Act 1984 while another is examining the role of mental health officers appointed under that Act. Other work is being undertaken into assessing the relative merits of different types of supported accommodation in the community, discharge and settlement arrangements for patients from the Royal Edinburgh Hospital and an extensive look is being taken at the maintenance and care in the community of elderly people suffering dementia. In the field of mental handicap, studies are being made into the changes of the quality of life of hospital residents rehoused in the community and into the extent to which they maintain living skills.

23. More recently funding has been made available for further projects:

23.1 A 3½ year study by the University of Edinburgh is looking at work satisfaction and quality of care among staff on psychogeriatric wards in Scottish mental hospitals.

23.2 A three-year evaluation by the University of Glasgow is taking place in relation to education groups for people with schizophrenia assessing, among other things, how the patients feel about themselves and the illness, and whether attending the group has any impact on outcome for the patient.

23.3 A two-year study by the University of St. Andrews in collaboration with Fife Health Board is looking at ward based procedures for helping mentally handicapped people who have challenging behaviour.

23.4 A two-year evaluation by the University of Dundee is taking place in relation to a recently opened employment training centre for mildly mentally handicapped adults in Dundee.

24. In addition a number of short term studies, which will last between six months and a year, have been put in hand. It is hoped that they will provide information which can be taken into account quickly as community care is further developed. Brief details of some of them are provided in the following notes.

24.1 A six-month study by the Borders Health Board is taking place to develop standards of care guidelines, against which the quality of service to patients in Dingleton Hospital Melrose, can be measured. The study will complete these standards, develop a weighted scoring system and pilot them in selected wards of the hospital.

24.2 A six-month study by the Royal Scottish National Hospital, Larbert is looking at community reactions and the willingness to "care" for people with mental handicap.

24.3 A seven-month survey by Tayside Health Board seeks to identify "unnecessary" hospitalisation in the Psychiatric Rehabilitation Unit, Royal Liff Hospital, Dundee.

24.4 A one-year evaluation by the University of Edinburgh is looking at three neighbourhood support schemes for severely physically disabled, frail elderly and mentally handicapped people in Lothian Region. The study will describe

and assess the setting up and running of these schemes the development of which is being funded by Lothian Health Board through support funding.

**Continuing Development of  
Community Care**

25. The White Paper "Caring for People" of November 1989 set out the Government's objectives for helping all people to lead, as far as is possible, full and independent lives. The necessary legislative powers were taken in the National Health Service and Community Care Act 1990 and, since that time, steady progress has been made on the phased implementation of the Act's requirements, eg:

25.1 the setting up of new arm's length inspection units, a new local authority complaints procedure and the mental illness specific grant scheme, all by 1 April 1991;

25.2 local authorities and Health Boards to reach planning agreements by the end of July 1991 and to prepare and publish community care plans by 1 April 1992;

25.3 assessment procedures for all people who look to the local authorities for support to be in place by 1 April 1993. The transfer to local authorities of appropriate funds from the Department of Social Security will also become effective from that date.

26. By the end of 1989-90 arrangements were well in hand for taking forward the necessary consultation on the implementation of the Act. Subsequently a range of consultation papers were distributed to local authorities, Health Boards, voluntary bodies and relevant organisations in the private sector. The detailed arrangements for community care now being made have paid close regard to the views expressed during the consultative process.





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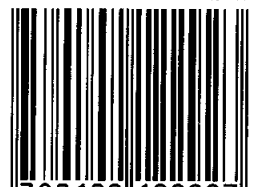
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