for as much as 20 per cent of the variance of the EEG power with significant correlations at 7 Hz (positive) and 11 Hz (negative). Duration of stay is thus a variable that must be controlled for during the investigation of subjects in penal institutions and long-stay hospitals.

## HOSPITAL ADMISSIONS

### Compulsory Admissions—Social and Clinical Aspects

DR G. SZMUKLER
*Royal Free Hospital*

This paper examined some social and clinical characteristics of a group of formally admitted patients. Factors of a more long-standing nature preceding the admission were particularly emphasized. The study describes a group of 80 consecutive formal admissions from a London borough and compares them with a random sample of 80 informal admissions. The borough has many characteristics associated with an inner city area, e.g. a high incidence of people living alone, foreign born, single and the elderly.

The proportion of formal admissions was 15 per cent of all admissions. Of these 13 per cent were S.29, 32 per cent were S.25, 40 per cent were S.136, and 12 per cent were S.80. Attention was drawn to the high percentage of S.136 admissions which accounted for 6 per cent of all admissions.

On a number of variables described the formal patients were significantly different from the informal ones. The sex ratio was F:M 1·3:1 compared with 2:1 in the informal group. The diagnoses of schizophrenia and mania were over-represented and depression very significantly less frequent. The compulsory patients were a more socially dislocated group, more often living alone (62 per cent), of no fixed abode or in transitory accommodation (39 per cent), unemployed (74 per cent) and with fewer contacts with relatives or friends. In addition they were a group of patients with a long past history of contact with psychiatric services—60 per cent had been ill over five years, 39 per cent had more than five previous admissions. For only 15 per cent was it a first admission, and 36 per cent had been in a psychiatric hospital within the past six months. Thus these patients were usually known to the services. However, despite this they were frequently not in contact at the time of admission, either with a hospital (only 9 per cent attending an out-patient department) or even with a G.P. (39 per cent not registered).

Their admissions tended to be of short duration, although they were judged on clinical ratings to be a more disturbed group than the informal patients. Thirty-one per cent absconded or discharged themselves against medical advice in the first month. Sixteen per cent were in hospital for less than a week and 46 per cent for less than a month.

A comparison of formal and informal patients matched for age, sex and diagnosis revealed similar findings. Finally, a comparison of patients admitted under section S.136 and those admitted under sections 29 or 25 were described. Section 136 patients were more often male and younger and displayed the characteristic findings described above to a more extreme degree.

The pattern of care of these patients tended to be in-patient care, often brief, with little in between. Possible reasons for this discontinuity were discussed. Simple denial of illness did not seem an adequate explanation, and more detailed study of the patients' and indeed of the staff's past experiences of treatment contacts were suggested. There often seemed to be a history of mutual disappointment and rejection. The patients' short stay in hospital after admission may be relevant to the absence of any therapeutic relationship developing with a member of staff or even the institution itself.

## DETERMINANTS OF PROLONGED HOSPITALIZATION

By DR ISAM E. BABIKER,
*MRC Unit for Epidemiological Studies in Psychiatry, Edinburgh*

Examination of the existing literature on long-stay patients reveals two interesting parallel trends: an emphasis on descriptive studies characteristic of British literature and an equally singular emphasis on prediction of outcome in studies from the USA. No attempt has yet been made to combine the two methods. The present investigation represents such an attempt.

This is a prospective study which was carried out at the Royal Edinburgh Hospital with the aim of investigating the factors associated with the attainment of long-stay status. A one-year admission cohort of 1,934 patients was followed up at two intervals for one year, continuous hospitalization for that period being taken as a criterion for 'long-stay'. Data were collected on all patients on admission. The first follow-up point was six months after admission. At that point additional information was obtained by interviewing 162 patients who remained in hospital continuously for six months. This provided extensive data covering the patients' hospital experience, clinical state, reasons for continued



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hospitalization and availability of alternative community care and support systems. Six months later, i.e. on the anniversary of their admission, these patients were traced and interviewed, the emphasis this time being on their clinical state and the factors affecting their final outcome. Patients who attained long-stay status numbered 101, representing 5 per cent of the admission cohort and 62 per cent of those who remained in hospital continuously for six months.

The findings concerning determinants of retention for six months reaffirmed the findings of previous studies. Thus, being female, elderly, widowed or single, out of active employment and receiving a diagnosis of organic illness were associated with more likelihood of retention for six months. Further retention for another six months, however, was independent of both sex and diagnosis, and the effect of marital status was reversed, single patients being significantly less likely to be retained than those ever married. The effect of age and employment status, on the other hand, was maintained in the same direction. Interestingly, the patients' clinical state at six months failed to discriminate between those who became long-stay and those who were discharged. Of all the behavioural and symptom severity measures used, only socially embarrassing behaviour scores were found to be significantly related to outcome. Participation in ward activities, contact with the outside world, visits by relatives and involvement of the social worker and the clinical psychologist were all associated with discharge. Occupational and industrial therapy were not related to outcome. Doctors' ratings of employability, availability of accommodation and type of care required were among the best predictors of 'long-stay', as was the consultant's prediction of final outcome.

With regard to clinical state and social and occupational functioning at 12 months, only a few variables differentiated long-stay from discharged patients, suggesting that the latter, after six continuous months in hospital, fared no better than those who became long-stay.

The findings appear to suggest that attaining long-stay status may be determined during the first six months and that any effort to prevent institutionalism should be made during these crucial early months in hospital. There is evidence that rehabilitative effort is most effective when directed towards increased activities on the wards, social work involvement and increasing the level of contact with the outside world. There is no evidence that work-oriented occupational and industrial therapy improves the chances of discharge.

## CHILTERN & THAMES VALLEY DIVISION

The College has published a paper on 'The Responsibility of Consultants in Psychiatry within the NHS' (*The Bulletin*, September 1977). It is felt that this is a vital issue that should be discussed at a local level. In order to facilitate this, the next Divisional Meeting will take place at Northwick Park Hospital on *Thursday 16 February 1978* and the speakers will include *Dr A. A. Baker*, Consultant Psychiatrist (latterly Director of the National Health Service's Hospital Advisory Service), *Dr G. B. Simon*, Director of Lea Castle Hospital, and *Mr Charles Butcher* from Messrs Hempsons, Solicitors to the Medical Defence Union.

It is hoped that as many Members as possible will be able to attend this meeting in view of the importance of the subject, hence this early notice. Full details will be circulated at a later date.

DIANA M. DICKENS,
*Hon. Secretary*

## PSYCHOTHERAPY SECTION

The following are further details of the next three of the Open Meetings of the Psychotherapy Section announced in the October issue:

*Monday, 14 November, in conjunction with the Quarterly Meeting in York*

Dr Tom Main: 'Psychiatric defences against close encounters with patients', University of York, at 4.30 pm.

*Wednesday, 14 December*

Dr Isaac Marks: 'Coping and self regulatory forms of treatment', Botany Lecture Theatre, University College, Gower Street, London WC1, at 8.15 pm.

*Wednesday, 11 January 1978*

Dr John Steiner: 'Borderline States', Botany Lecture Theatre, University College, Gower Street, London WC1, at 8.15 pm.



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