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II. Social Outcome

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The social disadvantages for schizophrenic patients in terms of unemployment, impaired relationships, social isolation and downward social drift have been well described (Cooper, 1961; Goldberg & Morrison, 1963; Cheadle *et al*, 1978; Taylor, 1987). The problems experienced by their caring relatives have been shown to be substantial (Stevens, 1972; National Schizophrenia Fellowship, 1979; Creer *et al*, 1982). It is important to examine these issues in a large representative sample, and for this reason the social outcome in the 532 patients who form the subjects of the Harrow study of the disabilities and circumstances of schizophrenic patients was examined in some detail.

Method

All patients conforming to an operational definition of schizophrenia discharged from in-patient and day-patient Harrow psychiatric services between 1975 and 1985 form the subjects of this study. They were traced, and if they consented, were interviewed at home or in hospital. Information was also obtained from nurses where appropriate and from relatives or other informants. The methods of identifying and tracing the patients have been described in detail in Paper I. Four standardised social assessments were used (see Table 1 of Paper I, p. 8) and the choice of these was in part determined by the wish to provide data comparable with previous studies of the social outcome conducted from the CRC Division of Psychiatry (Johnstone *et al*, 1981, 1984, 1990; Macmillan *et al*, 1986). The four assessments used were: the Social Inquiry Form, patient the respondent and relative the respondent; and the Disability Assessment Schedule, Relatives' Section and Nurses' Section.

Table 1
Information recorded on Social Inquiry Forms

	Relative	Patient
Living circumstances	+	+
Attitude to living circumstances	+	+
Recent difficulties	+	
Patient's behaviour	+	
Social contacts and activities	+	+
Personal care	+	This item assessed on interviewer's observation
Occupational activity	+	+
Medication and compliance	+	+
Burden for the family	+	
Contact with medical and social agencies	+	+
Problems for patient	+	

Results

Of the 532 subjects in the original sample, 342 were available for interview.

The Social Inquiry Forms

The items covered by the Social Inquiry Forms are shown in Table 1. The forms are intended for discharged patients. In this study they were completed in all patients who normally resided outside hospital, and this included some patients who were interviewed during a short-term admission. The 'patient the respondent' form was completed in 283 cases. Findings concerning the patients' living circumstances and their attitude to them are shown in Table 2.

It is clear that most patients live with relatives or by themselves. Special accommodation in the form of hostels is occupied by very few of the patients in this study, but

Table 2
Issues relating to living circumstances (patient's account)

Issues relating to household	Item	Number of patients (%)
Type of household[1]	Alone	68 (24.1)
	Spouse	71 (25.2)
	Parent/child/sibling	95 (33.7)
	Hostel	15 (5.3)
	Lodgings	5 (1.8)
	Shared	26 (9.2)
Relationship of household to patient[2]	Spouse	74 (26.2)
	Both parents	33 (11.7)
	Mother	27 (9.6)
	Father	11 (3.9)
	Sibling/child	23 (8.2)
	Other relative/friend	17 (6.0)
	Alone	70 (24.8)
	Other	27 (9.6)
Attitude to present accommodation	Happy	190 (67.9)
	On balance happy	43 (15.4)
	Wants to return to hospital	2 (0.7)
	Wants alternative accommodation	31 (11.1)
	Wants alternative care	12 (4.3)
	Not applicable	2 (0.7)

1. As understood by interviewer.
2. As reported by patient.

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Table 3
Outings and social activities (patient's account)

	Number (%) of patients	
Out alone		
in last 2 days	147	(51.9)
in last week	76	(26.9)
in last 2 weeks	18	(6.4)
in last month	14	(4.9)
in last 6 months	7	(2.3)
not in last 6 months	11	(3.9)
Visitors		
in last 2 days	39	(13.8)
in last week	73	(25.8)
in last 2 weeks	25	(8.8)
in last month	39	(13.8)
in last 6 months	35	(12.4)
not in last 6 months	63	(22.3)
Shopping in past month		
not at all	39	(13.8)
alone	144	(50.9)
with others	24	(8.5)
both alone and with others	67	(23.7)
Clubs/places of entertainment/restaurants attended in past month		
not at all	124	(44.0)
alone	39	(13.8)
with others	50	(17.7)
alone/with others	58	(20.6)
Travelled on public transport in past month		
not at all	29	(10.2)
alone	136	(48.1)
with others	15	(5.3)
alone/with others	88	(31.1)

Percentages are calculated for sample of 283 patients, although data were not available in some instances.

some of those living alone were in council accommodation provided for them because of their special needs as sufferers from schizophrenia, and some of those living in shared accommodation were living in group homes for mentally ill people. It is evident that most of the patients are reasonably well satisfied with their accommodation, and in particular that very few of them wished to return to hospital.

Table 5
Patient's responses to approaches from others and contacts with others (relative's account)

	Number (%) of patients
Patient's response to approaches from others ($n = 119$)	
Appropriate	73 (61.3)
Limited	18 (15.1)
Fluctuates	24 (20.2)
Inappropriate	4 (3.4)
Friendly/hostile contact with others ($n = 116$)	
Friendly only	73 (62.9)
Mixed friendly/hostile	26 (22.4)
Verbally hostile	16 (13.8)
Physically hostile	1 (0.9)

The patient's activities and social contacts are shown in Table 3. The criteria for shopping, attending places of entertainment, etc., were set as low as possible, so that the 13.8% who had not done any shopping in the past month had not entered any shop for any purpose, even to buy a newspaper or packet of cigarettes, and the 44.0% who had not entered a place of entertainment had not been in a cafe, public house or restaurant even to have a cup of tea, cinema, club, church, or any place of entertainment or social contact, for any purpose, during the past month. Similarly, all visitors including relatives and 'professional visitors' such as people from church and voluntary agencies were included. There is, of course, no control group in this study, but the findings in Table 3 do indicate that the patients in this study lead socially impoverished lives.

The patient's appearance and personal hygiene were assessed by the interviewer (generally JL) at the time of the interview. He considered this to be acceptable in 57.1% of cases, that it was faulty such that the patient needed to be reminded about some aspects of it in 20.7% of cases, that it was evident that the patient required supervision regarding these matters in 12.0% of cases, and in 10.2% of cases even when the patient was known to receive supervision the standard was not acceptable and would have made the patient stand out in ordinary society. Full-time work, in some capacity, was done by 19.7% of patients,

Table 4
Number (%) of patients in contact with medical, social and helping agencies (patient's account)

	Contact with social worker	Contact with psychiatric community nurse	Contact with general practitioner	Contact with voluntary supporting agencies	Attendance at out-patient or day-patient clinic
Past week	26 (9.2)	27 (9.5)	37 (13.1)	9 (3.2)	71 (25.2)
Past month	24 (8.5)	60 (21.2)	80 (28.3)	7 (2.5)	35 (12.4)
Past 3 months	21 (7.4)	9 (3.2)	55 (19.4)	4 (1.4)	32 (11.3)
Past 6 months	9 (3.2)	7 (2.5)	25 (8.8)	2 (0.7)	11 (3.9)
None in past 6 months	187 (66.3)	163 (57.6)	74 (26.1)	195 (69.4)	114 (40.4)

Percentages are calculated for sample of 283 patients, although data were not available in some instances.

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Table 6
Number (%) of patients on outings in past six months (relative's account)

	Out with another member of household	Out alone	Out with friend
Last 2 days	27 (22.7)	54 (45.0)	12 (10.0)
Past week	34 (28.6)	34 (28.3)	31 (25.8)
Past 2 weeks	13 (10.9)	5 (4.2)	12 (10.0)
Past month	14 (11.8)	12 (10.0)	19 (15.8)
Past 6 months	8 (6.7)	4 (3.3)	10 (8.3)
Not in past 6 months	9 (7.6)	9 (7.5)	31 (25.8)
Not applicable	14 (11.8)	-	3 (2.5)
Not known	-	-	2 (1.7)

Percentages are calculated for sample of 120 patients with relatives interviewed, although data were not available in some instances.

and 11.8% did part-time work, but 63.8% were unemployed; 0.7% attended a training programme; 0.4% attended an industrial training unit; 1.4% attended a day hospital; and 2.2% attended day centres run by the local authority.

Regarding medication, 12.4% said they were prescribed no medication and 2.8% were prescribed medication but did not actually take it; 23.7% were on oral medication, 17.0% on depot injections and 42.8% on both oral and depot medication.

Patients were directly asked if they had been involved in any disputes with neighbours or others in the past month, and 51 of them stated that they had, while 220 had not.

Contacts with medical and social services and with other helping agencies are shown in Table 4. Nineteen patients (i.e. 5.8%) of the sample had no contact with any medical or social service and 75 patients (22.9%) had no specialised psychiatric contact (i.e. with psychiatrists, or community psychiatric nurses).

The Social Inquiry Form with the relative as the respondent was completed in the case of patients who were not receiving long-term hospital care, and who were living with or were sufficiently closely involved with a relative (or other non-professional informant) for that person to give an account, and where the patient gave consent for the informant to be interviewed (120 cases). In 51 cases the informant

Table 7
Number (%) of patients using shops, social facilities and public transport in past month (relative's account)

	Shopping ($n=120$)	Clubs, pubs, restaurants, cinemas, etc. ($n=116$)	Public transport ($n=116$)
No	16 (13.3)	44 (37.9)	15 (12.9)
Alone	39 (32.5)	13 (11.2)	31 (26.7)
With others	13 (10.8)	23 (19.8)	13 (11.2)
Alone/with others	52 (43.3)	22 (19.0)	38 (32.8)
Not applicable	-	14 (12.1)	18 (15.5)
Not known	-	-	1 (0.9)

Table 8
Details regarding the taking of medication (relative's account)

	Number (%) of patients
Medication ($n=114$)	
Supposed to have but does not take	5 (4.4)
Not on any medication	5 (4.4)
On tablets only	22 (19.3)
On injections only	23 (20.2)
On tablets and injections	59 (51.8)
Who looks after taking of medication ($n=115$)	
Patient	72 (62.6)
Relative	21 (18.3)
Other	12 (10.4)
Not applicable	10 (8.7)
Problems about taking medication ($n=116$)	
No difficulties	88 (75.9)
Sometimes difficulties	15 (12.9)
Refuses	5 (4.3)
Not applicable	8 (6.9)

was a parent, in 35 a spouse, in 7 a child, in 11 a sibling, in 11 another relative or friend, and in 4 it was another associate (e.g. a landlady) (in one case this could not be ascertained). Of the 117 respondents for whom the information was recorded, 83 (70.9%) were satisfied with the fact of the patients living with them, 24 (20.5%) were not satisfied, but could think of no better arrangement, 9 (7.7%) felt that the patient would be better off elsewhere, although not in hospital, and one respondent (0.9% of the sample) thought the patient would be better off in hospital. There were 49 (41.5%) respondents who said that there had been no major difficulties in the past six months, while 54 (45.8%) described problems with the patient's clinical condition and considered that he/she continued to show signs of ill-health, 9 (7.6%) described problems of a social nature regarding the patient, and 6 (5.1%) described serious problems with which they felt unable to cope.

Table 9
Problems caused by patient's illness (relative's account)

Problem	Number (%) of patients ($n=120$)
Time off work to look after patient	8 (6.7)
Stopped work to look after patient	3 (2.5)
Emotional illness in family (attributed to patient's condition)	20 (16.8)
Physical illness in family (attributed to patient's condition)	11 (9.2)
Social restrictions (due to patient's condition)	37 (30.8)
Disruptions in family relationships	20 (16.7)
Financial difficulties	13 (10.8)
Other aspects of concern[1]	59 (49.6)

1. See text for details.

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Table 10
Numbers (%) of patients in contact with medical, social and helping agencies in the past month (relative's account) ($n = 119$)

	Contact with social worker	Contact with health visitor	Contact with general practitioner	Out-patient or day-patient contact	Contact with voluntary services
No	90 (75.6)	64 (53.8)	47 (39.5)	58 (48.7)	94 (79.0)
Yes	18 (15.1)	42 (35.3)	59 (49.6)	49 (41.2)	5 (4.2)
Not known	5 (4.2)	6 (5.0)	8 (6.7)	7 (5.9)	4 (3.4)
Not applicable	6 (5.0)	7 (5.9)	5 (4.2)	5 (4.2)	16 (13.4)

The patient's responses to approaches from others and contacts with others are shown in Table 5. The patient's outings from the house alone or with others in the past six months are shown in Table 6.

A normal degree of independence was said to be shown by 43.2% of patients, while 34.7% were classed as somewhat dependent, and 22% as extremely dependent. While 66.7% were not regarded as being socially withdrawn, 20.8% were somewhat withdrawn but would mix if encouraged to do so, and 5.0% never mixed socially at all, even with encouragement. In 7.5% of cases no assessment on social withdrawal could be made by the relative.

The patient's use of shops, social facilities such as clubs, pubs, restaurants or cinemas and public transport is shown in Table 7. The same criteria as those used in the patient's form were set and the non-applicable criterion is used where for some cultural reason, physical problem or circumstance, the activity would not be expected.

Both marked underactivity and overactivity were uncommon: 61.7% of patients were said not to show underactivity, 31% were somewhat inactive, but only one case was classed as grossly underactive (no assessment being made in eight cases); 74% of patients did not show overactivity, 14% sometimes showed a controllable degree of overactivity, and more frequent or severe overactivity was found in only five cases. Stable behaviour was shown by 72.5% of patients, while 11% had been better recently and 8% rather worse. Unacceptable manners were shown occasionally in 15.3% of cases and most of the time in 2%. The relatives' assessment of personal hygiene and appearance was that it was acceptable in 75 cases (63%), whereas 21 patients (17.6%) required occasional reminders; 16 (13.4%) required special supervision and seven (5.9%) retained an unacceptable appearance, even with supervision (one relative had not commented on this). Of the 120 patients in whom a relative's account was obtained, 27 (22.5%) were in full-time work, 15 (12.5%) were in part-time work, one (0.8%) attended a sheltered workshop, two (1.7%) attended a training programme, two (1.7%) attended a day hospital, three (2.5%) attended a local-authority day centre, and 70 patients (58.3%) were unemployed.

Details regarding the taking of medication are shown in Table 8. The problems which the patient's illness had caused the informant and other members of the family are shown in Table 9. Relatives were specifically asked about the items in Table 9 and were then asked if they had any additional worries and, if so, to specify them. The commonest concerns were the patient's loneliness, apathy and dependence. Smaller numbers referred to their fear of relapse (5 cases), of the future when relatives die (4 cases), suicide (3 cases),

Table 11
Number (%) of patients scoring on items of Disability Assessment Schedule (relative's account)

	No dysfunction 0	1	2	3	4	Maximum dysfunction 5	Not applicable
Self-care	68 (58.1)	16 (16.7)	12 (10.3)	12 (10.3)	8 (6.8)	1 (0.9)	-
Underactivity	51 (44)	22 (19.0)	16 (13.8)	13 (11.2)	6 (5.2)	4 (3.4)	-
Slowness	62 (53.9)	23 (20.0)	15 (13.0)	6 (5.2)	2 (1.7)	1 (0.9)	-
Socially withdrawn	60 (51.3)	14 (12.0)	20 (17.1)	9 (7.7)	9 (7.7)	1 (0.9)	-
Participation in household duties	56 (48.3)	16 (13.8)	22 (19.0)	7 (6.0)	7 (6.0)	3 (2.6)	-
Affective relationship to spouse	36 (30.8)	4 (3.4)	3 (2.6)	1 (0.9)	2 (1.7)	-	71 (60.7)
Sexual relations	47 (41.2)	-	-	-	-	-	66 (57.9)
Interest and care of children	26 (22.6)	5 (4.3)	1 (0.9)	1 (0.9)	1 (0.9)	1 (0.9)	81 (70.4)
Relationships with opposite sex	6 (5.4)	23 (20.7)	8 (7.2)	4 (3.6)	13 (11.7)	-	57 (51.4)
Social contacts	72 (62.6)	27 (23.5)	4 (3.5)	1 (0.9)	1 (0.9)	-	10 (8.7)
Work performance	37 (32.2)	6 (5.2)	2 (1.7)	2 (1.7)	-	-	68 (59.1)
Interest in getting a job	17 (14.2)	9 (7.8)	6 (5.2)	2 (1.7)	15 (12.9)	7 (6.0)	60 (51.7)
Interest in current affairs	45 (39.1)	27 (23.5)	10 (8.7)	9 (7.8)	9 (7.8)	7 (6.1)	8 (7.0)
Response to a crisis	39 (33.9)	8 (7.0)	3 (2.6)	-	2 (1.7)	1 (0.9)	62 (53.9)

Percentages are calculated for sample of 120 patients with relatives interviewed, although data were not available in some instances.

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Table 12
Nurses' observation of in-patients' behaviour in the ward (nurses' section of the Disability Assessment Schedule)

	Number (%) of patients for whom behaviour was recorded as:			
	Normal/not present	Present in morbid degree	Present in severe degree	Not applicable
Slowness	51 (63.0)	18 (22.2)	10 (12.3)	1 (1.3)
Underactivity	32 (40.5)	38 (48.1)	9 (11.4)	-
Overactivity	56 (70.9)	16 (20.3)	7 (8.9)	-
Reduced conversation	41 (51.3)	36 (45.0)	3 (3.8)	-
Social withdrawal	34 (42.5)	35 (43.8)	11 (13.8)	-
Lack of leisure interests	29 (36.3)	38 (47.5)	13 (16.3)	-
Irrelevant talk	42 (52.5)	21 (26.3)	17 (21.3)	-
Posturing and mannerisms	57 (71.3)	14 (17.5)	9 (11.3)	-
Violent behaviour	56 (70.0)	11 (13.8)	12 (15.0)	-
Remaining in bed	40 (50.0)	33 (41.3)	6 (7.5)	1 (1.3)
Abnormal dress and general appearance	39 (48.8)	31 (38.8)	9 (11.3)	1 (1.3)
Abnormal mealtime behaviour	61 (76.6)	16 (20.0)	2 (2.5)	1 (1.3)
Lack of work in ward	36 (45.6)	40 (50.6)	3 (3.8)	-

Percentages are calculated for the sample of 80 patients, although data were not available in some instances.

bizarre behaviour, lack of personal hygiene, odd sleeping habits, genetic risk and effect on other children of the family (1 case each).

Details of contact with medical social and helping agencies in the past month are shown in Table 10.

The relatives' section of the Disability Assessment Schedule was completed for all of the patients on whom the relatives' Social Inquiry Form was completed (120 cases). In this form all variables are related on a score of 0 (no dysfunction) through increasingly severe impairment to maximum dysfunction rated as 5. The results are shown in Table 11.

The nursing section of the Disability Assessment Schedule was completed on 80 patients – those who were receiving in-patient care at the time of the study (73 patients) plus those who had been discharged from in-patient care within the previous two weeks. The mean duration of the admission period is 421 weeks (8 years 5 weeks) (range 1–2842 weeks). This time is as long as it is because a few essentially long-term in-patients were counted as discharges when in fact they were really transferred out temporarily to other hospitals. The number of patients from the sample still receiving continuous in-patient care in June 1990 was 31 and thus for the other patients admissions were relatively short-term. The nurses' observations of the patients' behaviour are shown in Table 12, their opinions regarding the patients in Table 13, and their account of the patients' level of function on the ward in Table 14.

Table 13
Nurses' opinions of in-patients (nurses' section of the Disability Assessment Schedule) ($n = 79$)

	Number (%) of patients		
Situation	Not suitable	Suitable	Not applicable
To do work in hospital	36 (45.6)	40 (50.6)	3 (3.8)
To possess matches	12 (15.2)	64 (81.0)	3 (3.8)
To visit relatives	31 (39.2)	43 (54.4)	5 (6.3)
To go out with opposite sex	23 (29.1)	44 (55.7)	12 (15.2)
To possess scissors	21 (26.6)	51 (64.6)	7 (8.9)
To handle money	19 (24.1)	57 (72.2)	3 (3.8)
To work outside hospital	42 (53.2)	23 (29.1)	14 (17.7)
To be discharged	53 (67.1)	17 (21.5)	9 (11.4)
To be in locked ward	69 (87.3)	7 (8.9)	3 (3.8)

Table 14
Patients' level of function on the ward (nurses' section of the Disability Assessment Schedule) ($n = 78$)

Activity	Number (%) of patients
Housekeeping on ward	
none	36 (46.2)
very little	19 (24.4)
fair	11 (14.1)
above normal	2 (2.6)
not applicable	10 (12.8)
Work therapy	
none	47 (60.3)
supervised	8 (10.3)
kitchen, etc.	1 (1.3)
service department	2 (2.6)
outside	1 (1.3)
not applicable	19 (24.4)
Occupational therapy	
none	32 (41.0)
1–2 hours	8 (10.3)
3–4 hours	2 (2.6)
occasional	8 (10.3)
daily	20 (25.6)
industrial	4 (5.1)
not applicable	4 (5.1)
In-patient social therapy	
none	36 (46.2)
1–2 hours	15 (19.0)
3–4 hours	2 (2.6)
occasional	15 (19.2)
daily	5 (6.4)
not applicable	5 (6.4)

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Table 15
Patients' interests, abilities, circumstances and relationships, as assessed by interviewer[1] ($n = 117$) on the basis of the interview

	Number (%) of patients		
	No	Yes	Not known
Any learning in past 6 months	90 (76.9)	22 (18.8)	5 (4.3)
Any strong interest in past 6 months	69 (59.0)	44 (37.6)	4 (3.4)
Above average ability (any sphere)	80 (68.4)	28 (23.9)	9 (7.7)
Favourable circumstances	55 (47.0)	59 (50.4)	3 (2.6)
Confiding relationship	59 (50.4)	45 (38.5)	13 (11.1)
Specific disadvantage in current environment[2]	60 (51.7)	52 (44.8)	4 (3.4)
Handicap[3]	87 (74.4)	23 (19.7)	7 (6.0)
Unfavourable environment	89 (76.1)	20 (17.1)	8 (6.8)

1. Only for those for whom an informant was available.
2. Data not available for one patient, $n = 116$.
3. Handicaps were:

deafness	3 cases
chronic back problems	3 cases
cosmetic facial defect (severe acne; congenital anomaly; severe scarring after burns)	3 cases
osteo-arthritis	2 cases
insulin-dependent diabetes	1 case
epilepsy	1 case
asthma and bronchitis	1 case
gross obesity and facial palsy	1 case
poor visual acuity	1 case
gross obesity	1 case
Stein–Leventhal syndrome	1 case
ulcerative colitis	1 case
athlete's foot	1 case
reduced leg and back mobility following severe self-induced injury	1 case
tardive dyskinesia (regarded by patient and informant as a problem) plus skin rashes	1 case
high blood pressure	1 case

Table 16
Issues relating to key figure ($n = 115$[1])

	Number (%) of patients
Emotional involvement of key figure	
none	1 (0.9)
some	15 (13.0)
considerable	43 (37.4)
strong	28 (24.3)
not applicable	16 (13.9)
not known	12 (10.4)
Key figure controls and demands	
little control	30 (26.1)
considerable control	13 (11.3)
both control and demands	32 (27.8)
excessive control	7 (6.1)
excessive demands	2 (1.7)
not applicable	18 (15.7)
not known	13 (11.3)
Rejection by key figure	
none	49 (42.6)
occasional	34 (29.6)
dislike	3 (2.6)
both occasional rejection and dislike	2 (1.7)
not applicable	16 (13.9)
not known	11 (9.6)

1. Includes all carers and cases where this was not known or not applicable.

For these 80 patients, where the nurses were able to give the appropriate information, they stated that 34.6% of patients had received no visitors in the past three months, 29.5% had had more than one visitor per week and 28.0% had received less than one visitor per week. Of these 80 patients 55% had had no visits home in the past three months, 6.4% had been home once, and 27% more than once. A quarter (25%) of patients went out under escort or in a party of patients, 14% went out in the hospital grounds, and 38% went out more generally. Constant supervision was not required by 70.4% of patients, but 4.2% were thought to require it because of the possibility of escape, 1.4% because of the possibility of wandering, 14.1% because of the possibility of aggressive behaviour, and 1.4% because of the risk of suicide.

After completing the Disability Assessment Schedule with the relatives, the interviewer records his/her impressions of the patient's interests, abilities, circumstances and relationships. These findings are shown in Table 15. At the same time the interviewer attempts to identify a key figure, and if this is possible, records details regarding the key figure and his/her contact with the patient. A key figure was identified in 94 cases, in 18 no key figure was identified, and in eight the issue was not determined. In 38 cases the mother was the key figure, in 38 the spouse was the key figure, and in the remainder it was the father (8 cases), another relative (7 cases) or an unrelated person (3 cases). The mean amount of contact between the patient and the

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Table 17
Characteristics of key figure ($n = 83$)

Characteristic of key figure	Number (%) of patients				
	None	Somewhat	Moderate	Marked	Not applicable
Adaptability	9 (10.8)	34 (41.0)	25 (30.1)	15 (18.1)	-
Understanding	1 (1.2)	27 (32.5)	34 (41.0)	21 (25.3)	-
Self-insight[1]	6 (7.3)	28 (34.1)	36 (43.9)	7 (8.5)	5 (6.1)
Co-operation	-	7 (8.4)	30 (36.1)	45 (54.2)	1 (1.2)
Ability to respond to crisis	4 (4.8)	12 (14.5)	25 (30.1)	29 (34.9)	13 (15.7)
Guilt	45 (54.2)	21 (25.3)	9 (10.8)	3 (3.6)	5 (6.0)
Anxiety	22 (26.5)	25 (30.1)	18 (21.7)	18 (21.7)	-
Hostility	75 (90.4)	4 (4.8)	3 (3.6)	1 (1.2)	-
Suspiciousness	60 (72.3)	17 (20.5)	4 (4.8)	2 (2.4)	-
Psychopathology[2]	54 (68.4)	7 (8.9)	5 (6.3)	8 (10.1)	5 (6.3)

1. Data not available for 1 subject, $n = 82$.
2. Data not available for 4 subjects, $n = 79$.

key figure was 33.7 (s.e. 2.1) hours per week. Matters relating to the key figure are shown in Tables 16 and 17.

There was said to be adequate opportunity for privacy for 60.9% of patients, but privacy would have been unacceptable for 20.9% of cases and not possible for 2.6%. Taking into account the patient's experience, qualifications and local circumstances, it was considered that finding a job locally would have been easy for 14.7%, a little difficult for 35.3%, very difficult for 23.3%, and almost impossible for 12.1%. The social adjustment of the patients was classified in terms of the system described in the Disability Assessment Schedule as excellent in 13.9%, very good in 18.5%, good in 15.7%, fair in 25.0%, poor in 13.9% and very poor in 7.4%, while 2.8% were considered to show severe maladjustment.

Outside support sought and received from any source is also noted at this point in the Disability Assessment Schedule and the findings are shown in Table 18.

Discussion

In general these findings suggest that as a group these patients have substantial social impairments. Less than 20% were in full-time work, 60% were single, and many lived alone, or with their parents or other supporting relatives. With regard to the more detailed aspects of the social assessments, the study is, of course, limited by the lack of a control group, but comparisons within the schizophrenic population allow consideration of the extent to which social impairments are associated with a pathological mental state. If the sample is divided into those with and those without a morbid score on the Krawiecka scale (Krawiecka *et al*, 1977), we find that patients with morbid scores are more likely to live with their parents, that those most likely to have married are female patients without morbid scores, and that patients with morbid positive features are significantly less likely ($P<0.005$) to participate in household tasks. It is also evident that morbid mental states are associated with high dependency ($P<0.001$), with poor self-care ($P<0.005$), and with underactivity ($P<0.001$). Morbid levels of negative features were significantly associated with social withdrawal ($P<0.01$) and morbid levels of positive features with antisocial

Table 18
Support sought and received by patients ($n = 115$)

	Number (%) of patients			
	No	Yes	Not applicable	Not known
Outside support sought from relatives	73 (63.5)	26 (22.6)	2 (1.7)	14 (12.2)
Ouside support sought from friends	87 (75.7)	11 (9.6)	2 (1.7)	15 (13.0)
Outside support sought from agencies	90 (78.3)	9 (7.8)	2 (1.7)	14 (12.2)
Outside support sought from others	98 (85.2)	1 (0.9)	2 (1.7)	14 (12.2)
Support received from relatives	76 (66.1)	20 (17.4)	2 (1.7)	17 (14.8)
Support received from friends	89 (77.4)	5 (4.3)	2 (1.7)	19 (16.5)
Support received from agencies	93 (80.9)	4 (3.5)	2 (1.7)	16 (13.9)
Support received from others[1]	92 (80.7)	2 (1.8)	2 (1.7)	18 (15.8)

1. Data not available for 1 subject, $n = 114$.

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behaviour ($P<0.005$). It therefore seems reasonable to conclude that the social impairments and the problems of the relatives are dependent upon the severity of the patient's condition. One striking finding of this part of the study is the very small number of patients or relatives who sought a return to in-patient care. This could be interpreted as a very strong endorsement of the policy of community care, but the fact that 73 of the patients were in-patients when seen should not be overlooked. Certainly we know that many of these in-patients were looking forward to leaving hospital soon, but it is possible that the very small number who wished to be readmitted may have resulted in part from the fact that any patients who did want to go back to hospital were already there.

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