1959 ACT AND ADMISSIONS TO A MENTAL HOSPITAL

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THE 1959 *Mental Health Act* came into full effect on 1st November, 1960. The changes it introduced were in many respects revolutionary—necessarily so, for the legislation it repealed (The *Lunacy and Mental Treatment Acts,* 1890—1930, The *Mental Deficiency Acts,* 1913—1938, etc.), no longer reflected modern attitudes and practice.

Main principles

The Minister of Health (Mr. Derek Walker-Smith) during the Act's Third Reading in the House of Commons, stated that its main principles were:

(1) That as much treatment as possible, both in hospital and outside, should be given on a voluntary and informal basis.
(2) That provision should be made for the residual category of case where compulsion is necessary either in the interests of the patient or of society.
(3) That the emphasis in mental cases should be shifted so far as possible from institutional care to within the community.

Other notable changes under the Act include:

(4) The simplification of administration and legal machinery.
(5) Greater responsibility given to medical practitioners, notably the creation of "Responsible Medical Officers".
(6) New powers and duties of the Local Authorities and their Mental Welfare Officers.
(7) A new definition of "psychopathic disorder . . . . susceptible to medical treatment".

This last is perhaps the most controversial part of the Act.

The present investigation into th functioning of the Act was conducte in a mental hospital which attempte to anticipate the new legislation b setting up a system of clinically an functionally autonomous teams. Eac team includes Mental Welfare Officer as well as hospital social workers, an by this and other means the hospita is being integrated with the com munity as far as possible (Kidd, 1961) Thus it might be argued that th practice of the hospital was geare to the provisions of the 1959 Ac before this came into force.

Plan of Survey

In order to investigate some of th effects of the Act, a survey of in patients and admissions was carrie out. The year 1961 was compare with previous years, in particula 1957. The recommendations of th Royal Commission were only issue in May, 1957; the Team System wa not then in action; the Medica Superintendent retained a more or les monolithic control over the patients Chlorpromazine had already demon strated its potent effects.

Special care was maintained t avoid taking a psychiatric diagnosi for granted, every patient having full physical examination, wit E.E.G., radiological and pathologica investigation if indicated, in a attempt to avoid overlooking organi mental syndromes. Herridge (1960 found 5% of admissions to a psychia tric unit to have a principal diagnosi of physical illness, and a further 21% with physical illness contributing t the psychiatric condition.

The necessary data were extracte from the case notes and transferre

to Paramount punched cards for analysis. The data were tested for significant differences by chi-square and standard error of percentages techniques.

Results:

(1) *Patients' Status.*—The number of patients resident in the hospital dropped from 1,053 in 1957 to 849 in 1961, and the proportion of those legally detained fell from 73.2% to 2.6% ($P<0.001$) over the same period.

(2) *Admissions.*—The total admissions (including readmissions) increased over the period under review, being 674 in 1957 and 857 in 1961. On the other hand the number of patients compulsorily admitted dropped; in 1957 these totalled 233, or 34.6% of all admissions; in 1958, 32%; 1959, 28.1%; for the first ten months of 1960 (before the enforcement of the Act), 22.8%. In 1961, 19.2% of patients were compulsorily admitted. These results are shown graphically in Figure 1.

Since the expected figure for 1961, calculated from the returns of the previous four years, was 18.9%, it seems that the falling proportion of compulsory admissions to this hospital has consistently followed a trend already evident in 1957. This has been occurring in the country as a whole. The trend appears to have been uninfluenced by the Mental Health Act.

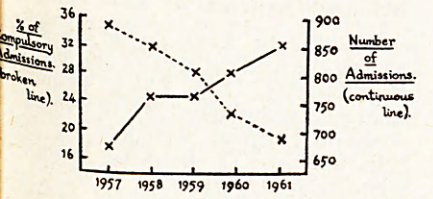

Figure 1.

(3) *Age and Sex Distribution.*—No significant changes were found to have occurred in the percentage of females admitted (average 56.7% of total), or in the age distribution of admissions, about 3.5% being <20 years and 16.4% >65 years of age.

(4) *Duration of Stay.*—No significant changes were found in the duration of stay of patients admitted in 1957 and 1961, though a trend towards shorter lengths of stay was noticed, this trend being apparent throughout England and Wales. In 1957 24.9% of patients admitted were discharged in less than two weeks, the proportion for 1961 being 25.7%. The cumulative percentage of patients discharged in less than three months was 81.2% in 1957 and 82.4% in 1961. These last results are high when compared with those for the Oxford region, where 55.2% of admissions were discharged in less than three months in 1954 and 63.0% in 1958. (Barr, Golding and Parnell, 1962.)

(5) *The Rising Admission Rate and Diagnosis.*—There was a startling and highly significant decrease in the number of admissions suffering from affective disorders over the period under review ($P<0.01$). This is at variance with the findings of Barr *et al* (1962) who noted a rise in the number of patients admitted with depressive illness, etc., between 1954 and 1958. This will be commented on in the discussion.

Table 1

Distribution of Admissions by Year and Diagnostic Group

Diagnostic Group (Int. List Nos. in brackets)	1957		1961	
	No.	%	No.	%
Affective Disorders (301,302)	293	43.5	233	27.3
Schizophrenia (300)	170	25.2	242	28.4
Neurosis (310-318)	112	16.6	199	23.5
Organic	79	11.7	116	13.6
Psychopathic Disorder	16	2.4	43	5.0
Mental Subnormal.	4	0.6	19	2.2

All the other diagnostic groups were associated with increases in

admission rates, though none were statistically significant.

Discussion:

The 1959 *Mental Health Act* gave official recognition to the mixing with the community of psychiatrists and their patients, who not so long ago were locked and isolated together behind high walls. That mental hospital practice was in advance of legislation is indicated by the steady decrease in the proportion of compulsory admissions—the introduction of the Act having no apparent effect on this trend (see Figure 1). The highly significant drop in the proportion of detained patients is directly attributable to the Act.

The rise in the number of psychopaths admitted (16 in 1952, 43 in 1961) though this just failed to be statistically significant, probably relates to the new definition of psychopathic disorder. This rise reveals a trend which may well continue, if no "Psychopathic Units" are established.

The increased admission rate of schizophrenics is probably largely due to their high readmission rate (c.f. Barr *et al*, 1962). This does not necessarily imply inadequate or "failed" treatment, but rather decreased lengths of stay associated with community acceptance of the schizophrenic, and an increasing acceptance of hospitalization by the patient. Because of this he readily returns to the hospital whenever he suffers an exacerbation of the schizophrenic process, or his social integration is temporarily upset..

Our high figure of about 12% of admissions diagnosed as suffering from an organic mental syndrome probably reflects the fact that the local E.E.G. department is centred in the hospital, and a number of epileptics and other neurological cases are investigated as in-patients.

That there has been no significant change in the high proportion of admissions staying less than three months may indicate that the critical stage spoken of by Barr *et al* (1962) has been reached with regard to t limit of the gradual shortening hospital stay.

A highly significant decrease in t numbers and more especially the pr portion of patients admitted wi affective disorders (overwhelming depressive illnesses) was found b tween 1957 and 1961. This is t opposite to what was happening b fore 1958 (Barr *et al*, 1962). Th change probably reflects the increa ing use of "antidepressive" drugs suc as Imipramine in these condition Such drugs are apparently effective the treatment of depressions in t community. Besides, general practi tioners, now that they have ther peutic tools for these conditions, ha become "depressive-state-orientated It is likely, therefore, that the dia nosis is more often being made at a early, more readily treatable, stage.

Summary:

The implications of the 1959 *Ment Health Act* are noted, and admissio to a mental hospital surveyed for si nificant changes relevant to the impl mentation of the Act. Significa changes are noted and trends di cussed. A significant drop in th admission rate of the affective di orders is shown, and an explanatio offered.

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