The Bethlem Royal Hospital and the Maudsley Hospital : triennial statistical report : years 1964-1966 / edited by E. H. Hare.

THE BETHLEM ROYAL HOSPITAL
AND THE MAUDSLEY HOSPITAL

TRIENNIAL STATISTICAL REPORT

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E. H. HARE, M.A., M.D., M.R.C.P., D.P.M.

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FOREWORD

Few clinicians would recurrently venture on the task of preparing a large hospital's statistical report without a conviction that it had not only a present value but also some value of a more lasting kind. In preparing the Sixth Triennial Report (the fourth prepared by him), the present editor has come increasingly to see this series as a mirror reflecting aspects of the life-history of the Bethlem-Maudsley hospital; and the dry bones of its statistical tables may help a future historian to re-create something of the living and changing scene.

At the same time, an editor who himself carries out much of the analysis (by card-sorting and slide-rule, not yet by computer), and who prepares the tables afresh each time, will be very aware of the shortcomings both of his material and of his manipulations. For errors of arithmetic he can but apologize; for the incompleteness of some of his data, he will philosophically reflect that the collection of such data by clinicians under the stress of hospital routine is an added duty from which lapses must be expected. The biggest single deficiency in the data presented in these Reports lies in statistics for the Children's Out-patient Department (discussed on page 45). In addition, the proportion of "not knowns" in some of the adult analyses is high enough to make interpretation unreliable. Yet a consideration of the various sources of error and omission leads the present editor to think that, for the "hard" data dealt with in these Reports, the statistics relating to in-patients, both adults and children, are within reason satisfactory. Those relating to the adult out-patients are somewhat less satisfactory but still adequate, especially where comparisons rather than absolute numbers are concerned (for the errors are likely to be random rather than systematic).

Dr. James Birley and Dr. Robert Cawley read the manuscript and I am grateful to them for their criticisms. I also express my thanks to Mrs. M. Perkins, who for the past 20 years has carried out the routine coding of the hospital case records with care and skill.

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COMMENTARY

TABLES

CHAPTER ONE

INTRODUCTION

1. The Sixth Report

The present triennial report, the sixth in the series, deals with cases discharged from the Bethlem Royal and the Maudsley Hospital during the years 1964-66. In one aspect, this Report marks a departure from earlier ones in that, as explained below, many of the tables refer to new patients rather than to the total number of patients dealt with. These tables are therefore not closely comparable with the equivalent tables of earlier Reports, but they will form a basis for more satisfactory comparisons in the future. However, most of the figures needed for comparison with earlier Reports have been calculated, in order to allow a review of the main trends revealed by the statistics for six triennia.

2. Trends

The main trends for adult patients may be summarized as follows:

(1) *Numbers of patients.* The numbers of patients and of new patients attending the out-patient department continue to increase (Fig. 1, page 10). The number of in-patients has fallen in the present triennium, partly at least because extensive redecoration of wards reduced the number of beds available, particularly for short stay cases (page 7).

(2) *Duration of stay.* The median duration of stay for in-patients, having shown a continued decrease for five triennia, has now increased slightly (Fig. 2, page 25). This might partly be the result of the fewer beds available but also suggests that the period of diminishing duration of stay has come to an end.

(3) *Special treatments.* The in-patient use of electro-convulsive therapy, of leucotomy, and indeed of all so-called "physical" methods of treatment is declining; the use of drugs is increasing.

(4) *Diagnosis.* Personality disorder, in both in-patients and out-patients, accounts for a steadily increasing proportion of diagnoses. The same is true, though to a less extent, of the types of depressive illness. Anxiety state, hysteria, obsessional neurosis, and diagnoses in the miscellaneous category (*e.g.* puerperal psychosis) are being less often diagnosed (page 36).

(5) *Mode of discharge.* The number of in-patients transferred to an Emergency ward (and whose cases represent a failure on the part of the hospital to continue treatment on an informal basis) continues to decrease. The proportion of in-patients leaving hospital against medical advice is decreasing, but the proportion of out-patients lapsing in attendance is increasing (page 21).

(6) *The Emergency Clinic*. The hospital's Emergency Clinic, first set up in 1951 (see Report for 1961-63, page 66) to deal with requests for psychiatric help at any time of the day or night—a service unique in this country—has become increasingly busy, and half of all hospital cases are now dealt with there at some time (Tables 3.24-3.26). The development of this service is having an increasing effect not only on the medical procedure of receiving cases but also on the number and type of cases being referred to the hospital (page 22).

3. New Features of the Present Report

Chapter 7 gives an account of the Psychotherapy Clinics in the Out-patient Department. Chapter 9 describes the development of the Camberwell Register, a scheme for recording data about all persons in an area of Camberwell (where the Maudsley Hospital is) who come into contact with the psychiatric services.

Many tables in the present Report are based on numbers of *new patients* (see definitions below). In previous Reports, such tables were based on the total numbers of patients dealt with, *i.e.*, "old" patients as well as new ones. The disadvantage of using total patients is that some of them (the "old" patients) will have been admitted and discharged in previous triennia and will therefore have figured in the tables of earlier Reports; and some will be re-admitted in future triennia and will therefore figure again. This means that it would be inappropriate to add together the numbers of patients shown in a particular table over several triennia because some patients would be represented more than once. This drawback is avoided by the statistical use of new patients because then no patient could be counted in more than one triennium (for in any succeeding triennium he could not be a new patient); and as no patient stays more than (at the very most) two years, all new patients admitted in one triennium will be counted either in that triennium (if discharged then) or in the next. Thus the new method allows the number of cases (*e.g.* total numbers or numbers of a particular diagnosis, age, social class, etc.) in different triennia to be added together to yield an accurate total which, from its size, may have uses beyond those for any particular triennium.

The following new tables are given:

(i) In-patients, by year of first attendance (2.5).

(ii) Analysis by diagnosis of patients who asked to be referred to the hospital (2.13), of median duration of stay (3.5), of number of attendances (3.7), of outcome (3.14), of lapses in treatment (3.20), of social class (4.11), of re-admissions (4.4), of number of previous discharges (4.12), and of self-referrals (3.27).

(iii) Lapses in treatment, by age, readmission and number of attendances (3.19,3.21).

(iv) Analysis, by physician-in-charge, of number of attendances (3.8) and of outcome (3.13).

(v) Analysis of those asking to be referred, by social class (2.11) and by number of previous discharges (2.12).

(vi) Certain statistics of the Emergency Clinic (3.24-3.26).

Some tables have been omitted, *viz.*, those dealing with special investigations of in-patients, with birth order and sibship size, and with number of children born to patients. But most of the data are available on request.

The procedure adopted in the last Report, of giving percentages in whole numbers and printing them in italics in the tables, has been continued.

4. Definitions

The same definitions are adopted as in the previous three reports. They are as follows:

A. *Adults and Children. Adult* patients are defined as those admitted to the adult departments of the hospital; with very few exceptions, adult patients are aged 16 or over.

Patients described in the report as *children* are those admitted to the children's departments and are, with very few exceptions, aged under 16 at the time of admission.

B. *The Hospital and its Departments.* The word "hospital" is here taken to cover the in-patient and out-patient departments of the Royal Bethlem Hospital and the Maudsley Hospital.

For adults, the *in-patient department* includes wards at Bethlem and the Maudsley but does not include the wards of the Guy's Maudsley Neurosurgical Unit. The adult *out-patient department* includes the Maudsley out-patient department, the Emergency clinic, the day-hospitals at Bethlem and at the Maudsley, and all follow-up clinics.

For children, the *in-patient department* includes the children's in-patient unit at the Maudsley Hospital and the adolescent ward at Bethlem; the out-patient department is at the Maudsley Hospital.

C. *Admissions and Spells of Care.* A period of time during which a patient remains continuously under care at the hospital, without being discharged or lapsing in attendance, is called a *spell of care.* Each spell of care begins with the admission of the patient and ends with his discharge. The meaning of the term *admission* is limited by

the hospital's "three-months rule"; the rule is that if a person comes under the care of the out-patient department within three months of being discharged from either of the departments, then this does not count as a new admission but is considered simply as a continuation of his previous spell of care.

D. Discharge. An *in-patient discharge* is the discharge of a patient at the end of a spell of care which included a period of in-patient care.

An *out-patient discharge* is the discharge of a patient at the end of a spell of care which did *not* include a period of in-patient care.

A *hospital discharge* is the discharge of a patient at the end of any spell of care.

Because a hospital discharge must be either an in-patient discharge or an out-patient discharge, the total number of hospital discharges equals the sum of the in-patient and out-patient discharges (see Table 1.1).

E. *Patients Discharged.* During any triennium, many patients have more than one spell of care at the hospital. For this reason, the number of individual patients discharged from a department or from the hospital is less than the number of discharges. Patients are classed as in-patients, out-patients, or hospital patients, according to the type of discharge with which their spells of care are associated.

Because a patient may be discharged as an in-patient on one occasion and as an out-patient on another occasion, the sum of in-patients and out-patients will in general be greater than the number of hospital patients (see Table 1.1); but, to the first approximation, hospital patients may be thought of as the sum of in-patients and out-patients.

F. *New Patients.* These are patients who, during the triennium, attend and are discharged from the hospital for the first time in their lives. A new in-patient is one who completes his first-ever spell of in-patient care; a new out-patient is one who completes his first-ever spell of out-patient care; and a new hospital patient is one who completes his first-ever spell of care at the hospital, whether as an in-patient or as an out-patient.

Because a patient may qualify as a new in-patient on one occasion and as a new out-patient on another occasion, the sum of new in-patients and new out-patients will in general be greater than the number of new hospital patients (Table 1.1).

G. *Cases.* The word *case* has been used loosely in the report. Its appropriate meaning is mostly obvious from the context, but in general it has been taken to refer to the illness of a patient receiving a particular spell of care.

Table 1.1 *Numbers of new patients, patients, and discharges*[1], 1964-66

	Male	Female	Total
ADULTS			
New Patients			
Hospital patients	4,520	4,535	9,055
In-patients	1,193	1,661	2,854
Out-patients	3,541	3,080	6,621
Patients			
Hospital patients	5,829	5,916	11,745
In-patients	1,456	2,087	3,543
Out-patients	4,512	4,087	8,599
Discharges			
In-patients	1,672	2,449	4,121
Out-patients	4,873	4,425	9,298
CHILDREN			
Patients			
In-patients	145	131	276
Out-patients[2]	401	266	667
Discharges			
In-patients	149	137	286
Out-patients[2]	450	316	766

[1]See definitions, Chapter 1

[2]See Chapter 5, page 45

Table 1.2 *Average number of in-patient beds available during* 1964-66

Department	Maudsley	Bethlem	Joint Hospital
Psychiatric			
Adults	181	204	385
Children	25	35	60
Neurosurgical	30	—	30

Table 1.3 *Numbers of professional staff employed by the hospital*

	1954	1957	1960	1963	1966[2]
DOCTORS					
Consultants					
Whole-time	8	9	8	8	8
Part-time[3]	14	15 (9)	18 (9)	30 (12)	18 (9)[1]
Senior Registrars	60	67	64	65	17[1]
Registrars and					
Senior House Officers ...					55
NURSES					
Whole-time					
Male	247	237	74	84	82
Female			173	227	199
Part-time[3]					
Male	84	107	4	3	2 (1)
Female			92	82	92 (65)
PSYCHIATRIC SOCIAL WORKERS	11	12	14	16	14
OCCUPATIONAL THERAPISTS ...	12	12	13	15	15

[1]In addition, 20 Honorary Consultants (full-time equivalent = 7.5) and 9 Honorary Senior Registrars (full-time equivalent = 4).

[2]At 30.9.66.

[3]Whole-time equivalent in brackets.

CHAPTER TWO

ADULTS: SOCIAL DATA

As in previous reports, this chapter deals with the demographic and social aspects of the patients. But for the reasons discussed in Chapter One, several of the tables are based not, as formerly, on the number of discharges but on the number of new patients.

1. Numbers of Patients

During 1964-66, the total number of new adult *admissions*, as indicated by the allocation of new serial numbers in the Registry, was 9,403; the total number of first-ever *discharges* during the same period was 9,055 (Table 1.1). There was a similar difference in the previous triennium, when the numbers were 8,754 and 8,464 respectively. The discrepancy between admissions and discharges is due partly to the increasing numbers of admissions in each year—this probably accounts for about half of the difference—and partly to the circumstance that some patients who attend the Emergency Clinic are seen so briefly that there is insufficient front-page information to make it worth-while punching a card for the case.

Table 2.1 (and Table 1.1) shows that the number of in-patients is some 10% less than in each of the two previous triennia. This is largely to be attributed to the smaller number of beds available at the Maudsley hospital (an average of 181, compared with 197 previously), a reduction which was occasioned by the extensive restructuring of the wards there. The lower bed-availability is particularly reflected in the low figure for in-patient discharges from the Maudsley in 1966 (Table 2.2). At Bethlem, the annual number of discharges has not altered appreciably in the past 9 years (and see the section on duration of stay, page 18).

The number of out-patients has continued to increase: for the past four triennia, the increase over each preceding triennium has been 4%, 8%, 15% and now 11%. A considerable proportion of this increase can be attributed to the facility of the Emergency Clinic, the only psychiatric clinic in London open for 24 hours a day. The trend in numbers of patients and discharges over the triennia is shown graphically in Figure 1, page 10.

The re-discharge rate (*i.e.*, the proportion of re-discharges among all discharges) can be seen from Table 1.1 to be 33% for hospital discharges[1], and this continues the trend towards lower re-discharge rates. For in-patients the re-discharge rate was 31%, for out-patients

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[1]The re-discharge rate may be defined as the proportion of discharges which are re-discharges. The total number of discharges (=4,121+9,298) less the number of first-ever discharges (=9,055) gives the number of re-discharges, *i.e.*, 4,364. The re-discharge rate is then 4,364 divided by the total number of discharges.

29%. Similarly, the proportion of *patients* who had already had one or more discharges was 19% for in-patients, 24% for out-patients. The re-discharge rate is rather higher for females than for males.

2. Age and Sex (Table 2.3)

This table is based on new patients. When the total patients are considered, for comparison with previous triennia, the trend towards an increasing proportion of younger patients, both in-patients and out-patients, continues. As might be expected, patients who have had a previous discharge tend to be older than the new (*i.e.*, first-discharge) patients.

3. Previous Discharges

The proportion of patients who had one or more discharges in previous triennia has not changed much over the years (Table 2.4). Table 2.5 shows that of all in-patients discharged during 1964-66, one-third had been admitted in an earlier year. As, under a hospital rule, few patients have a spell of in-patient care lasting more than a year, almost all the patients admitted before 1963 will have had their first discharge before the start of the present triennium.

Table 2.6 suggests an increasing proportion of first-ever discharges among out-patients. In the main this probably reflects the increased number of casual, once-only attendances at the Emergency Clinic, but may also indicate an increasing number of cases of personality disorder referred to the Out-patient Clinic for a psychiatric opinion.

4. Religion (Table 2.7)

The proportion of patients whose religion is stated as Roman Catholic and as "None" continues to rise. The analysis by sex and department suggests that part of the reason for this lies in: (*a*) the increasing proportion of younger patients; (*b*) the increasing proportion of out-patients; and (*c*) the increasing proportion of males among out-patients (male/female ratio=1.1 for the present triennium, compared with 1.04 and 1.02 for the previous two). Moreover the Table exaggerates the trend because it is based on new patients and therefore on younger patients. Yet it seems unlikely that these considerations can be the whole explanation.

5. Social Class (Table 2.8)

The trend towards increased representation of Social Classes IV and V continues. The social class of re-admitted male patients is slightly lower than that of new patients, so that the trend revealed in Table 2.8 is not due to this table being based on new patients. The higher social class of in-patients compared with out-patients was noted in the first Report (for 1949-51, p. 27) and the explanation given there, of selection factors in admission, still holds true.

Other aspects of social class are shown in Tables 3.5, 3.7, 3.12 and 4.11.

6. Marital Status (Table 2.9)

Widows are under-represented, and single and divorced patients over-represented, among new patients compared with the population of London. This is partly the effect of age differences.

7. Patients who asked to be Referred to the Hospital

The question asked of patients at the first attendance in a spell of care was of the form: "Did you, or your relatives or friends, ask your doctor to send you to a psychiatrist?" In the previous report it was shown that the proportion asking to be referred was lowest among the youngest and the oldest age groups. Table 2.11 now shows that, particularly for females, the proportion asking to be referred was highest in Social Class I and II.

For both sexes, the proportion asking to be referred increased with the number of previous discharges from the hospital (Table 2.12), thus lending support to the idea of "facilitation", *i.e.*, that once a person has been a hospital patient he is increasingly likely to look for hospitalisation again when unwell.

Examination by diagnosis shows that, among in-patients, the proportion asking to be referred was low in schizophrenia and high in depressive states, alcoholism and drug addiction (Table 2.13).

8. Country of Birth (Table 2.17)

The actual numbers of new foreign-born patients in the present triennium, compared with the numbers of hospital patients in the previous one, were, for the following countries : West Indies, 279 now compared with 226 before ; Africa, 201, compared with 180 ; and Asia, 211 compared with 194. It seems very likely, then, that the proportion of patients who were born in these countries has increased substantially over the past few years.

Table 2.1 *Number of adult patients and discharges in the last five triennia*

Status	52-54	55-57	58-60	61-63	64-66
Hospital patients	*	9,554	10,403	11,502	11,745
In-patients	3,353	3,580	3,947	3,948	3,543
Out-patients	6,004	6,229	6,752	7,766	8,599
Total discharges	*	10,626	11,906	13,026	13,419
In-patient discharges ...	3,641	3,942	4,477	4,609	4,121
Out-patient discharges ...	*	6,684	7,429	8,417	9,298

*Figure not extracted

Table 2.2 In-patient discharges, by hospital and year

Year	Maudsley			Bethlem		
	Male	Female	Total	Male	Female	Total
1964 ...	319	311	630	251	454	705
1965 ...	313	382	695	266	478	744
1966 ...	246	331	577	277	493	770
1964-66	878	1,024	1,902	794	1,425	2,219

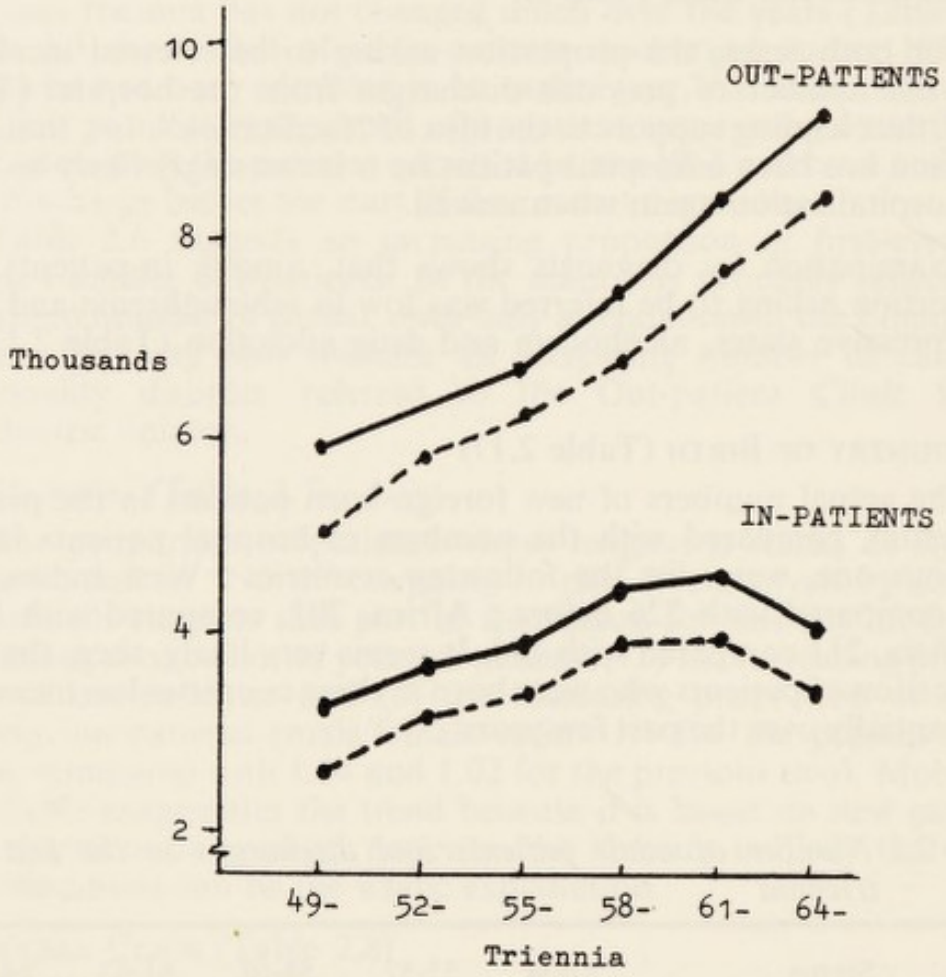


Figure 1 Number of discharges (solid lines) and number of patients (broken lines), for six triennia

Table 2.3 *Age and sex of patients*—2,854 *new in-patients*, 1,268 *readmitted in-patients and* 6,621 *new out-patients*

Age	New In-patients %		Readmitted In-patients %		New Out-patients %	
	M	F	M	F	M	F
Under 20	*10*	*12*	*6*	*7*	*10*	*11*
20—	*14*	*13*	*9*	*8*	*15*	*17*
25—	*22*	*21*	*21*	*20*	*30*	*29*
35—	*21*	*20*	*23*	*21*	*22*	*21*
45—	*16*	*15*	*15*	*19*	*15*	*12*
55—	*11*	*10*	*15*	*14*	*6*	*6*
65 and over	*6*	*9*	*11*	*11*	*2*	*4*
All ages (=100%)	1,193	1,661	479	789	3,541	3,080

Table 2.4 *Previous discharges of in-patients from various departments* (*before* 1964)—3,543 *in-patients*

Number of previous discharges	M	F	Persons, % 64–66	61–63	58–60	55–57
From In-patient Department						
None	1,193	1,659	*81*	*84*	*86*	*82*
1	162	265	*12*	*10*	*10*	*14*
2	65	101	*5*			
3	21	30	*1*	*6*	*4*	*4*
4 or more	15	32	*1*			
From Out-patient Department...	237	248	*13.7*			
From Day-wards	24	53	*2.2*			
From Children's Department						
In-patient	3	11	*0.4*			
Out-patient	14	17	*0.9*			
Total in-patients	1,456	2,087	*100*	*100*	*100*	*100*

Table 2.5 *Year of first attendance at the hospital.*—3,543 *in-patients, discharged* 1964-66.

Year	Males	Females	Persons, %
1966	235	348	*16*
1965	373	535	*26*
1964	364	521	*25*
1963	162	211	
1962	61	81	*18*
1961	42	63	
1960	38	62	
1959	34	34	*7*
1958	30	39	
1955–57	49	70	*3*
1952-54	19	44	
Before 1952	49	79	*5*
Total patients	1,456	2,087	*100*

Table 2.6 *Previous discharges of out-patients from various departments (before* 1964).—8,599 *out-patients*

Number of previous discharges	M	F	Persons, % 64-66	61-63	58-60	55-57
From the Out-patient Department						
None	3,539	3,079	*77*	*76*	*71*	*72*
1	540	552	*13*	*13*	*13*	*14*
2	231	238	*5*	*6*	*9*	*8*
3	84	104	*2*	*2*	*4*	*3*
4	51	57				
5	32	26	*3*	*3*	*3*	*3*
6 or more	35	31				
From In-patient Department ...	471	599	*12.5*			
From Day-wards	71	137	*2.4*			
From Children's Department						
In-patient	24	12	*0.4*			
Out-patient	80	46	*1.5*			
Total Out-patients	4,512	4,087	9,298			

Table 2.7 Religion.—new patients

Raligion	New In-patients % M	F	New Out-patients % M	F	Persons, % of known 64-66	61-63	58-60	55-57
Church of England ...	*59*	*64*	*54*	*62*	*59*	*65*	*68*	*71*
Roman Catholic	*19*	*16*	*23*	*21*	*21*	*18*	*16*	*13*
Nonconformist	*6*	*7*	*4*	*4*	*5*	*5*	*6*	*7*
Jewish... ...	*3*	*4*	*3*	*3*	*3*	*3*	*4*	*4*
Other ...	*4*	*4*	*5*	*4*	*4*	*4*	*3*	*3*
None	*9*	*5*	*11*	*6*	*8*	*5*	*3*	*2*
Total known ...	*100*	*100*	*100*	*100*	*100*	*100*	*100*	*100*
Not known ...	*(2)*	*(2)*	*(4)*	*(3)*	*(3)*	*(2)*	*(2)*	*(2)*
Total new patients ...	1,193	1,661	3,541	3,080	9,055[1]			

[1]New hospital patients

Table 2.8 Social class of males.—new male patients

Social class	In-patients %	Out-patients %	Hospital patients, % 64-66	61-63[2]	58-60[2]	London 1961[1]
I	*12*	*4*	*6*	*7*	*7*	*3.7*
II	*22*	*17*	*19*	*15*	*16*	*9.1*
III...	*38*	*45*	*43*	*50*	*50*	*56.5*
IV	*13*	*16*	*15*	*10*	*10*	*16.3*
V	*15*	*18*	*17*	*18*	*17*	*14.4*
Total known ...	*100*	*100*	*100*	*100*	*100*	*100.0*
Not known ...	*(2)*	*(9)*	*(8)*	*(6)*	*(6)*	
Total patients ...	1,193	3,541	4,520			

[1]Occupied males in Greater London, Census 1961

[2]Based on patients, including not-new patients

Table 2.9 Marital status.—new patients

Marital state	In-patients % M	In-patients % F	Out-patients % M	Out-patients % F	Hospital patients % M	Hospital patients % F	London A.C.[1] M	London A.C.[1] F
Single	*45*	*38*	*46*	*30*	*46*	*33*	*31.5*	*28.4*
Married:								
Not separated ...	*45*	*48*	*41*	*57*	*42*	*54*		
Separated (non-judicial) ...	*4*	*3*	*7*	*5*	*6*	*5*	*64.1*	*56.0*
Separated (judicial)	*1*	*1*	*1*	*1*	*1*	*1*		
Divorced	*3*	*2*	*3*	*3*	*3*	*2*	*1.0*	*1.6*
Widowed	*2*	*8*	*2*	*4*	*2*	*5*	*3.4*	*14.0*
Total known ...	*100*	*100*	*100*	*100*	*100*	*100*		
Not known	*(0)*	*(0)*	*(4)*	*(1)*	*(3)*	*(1)*		
Total new patients ...	1,193	1,661	3,541	3,080	4,520	4,535		

[1]Census, 1961, aged 15 and over

Table 2.10 Twins.—new hospital patients

	M	F	Persons, % of known
Patients with a twin of:			
same sex	45	64	
opposite sex	25	35	*2.1*
sex not known	5	13	
Not known if twin	313	248	*(6)*
Total new patients	4,520	4,535	9,055

Table 2.11 Asked to be referred: the proportion of patients in the various social classes who asked to be referred to the hospital.—4,121 in-patient and 9,298 out-patient discharges

Social class	In-patients, % M	In-patients, % F	Out-patients, % M	Out-patients, % F
I	*21*	*20*	*39*	*36*
II	*26*	*22*	*36*	*32*
III	*25*	*21*	*29*	*24*
IV	*28*	*15*	*28*	*25*
V	*19*	*12*	*33*	*25*
S.C. not known	*(27)*	*(24)*	*(30)*	*(23)*
Total discharges[1]	*25*	*19*	*32*	*26*

[1]For 130 in-patient discharges (*i.e.*, 3%) and for 209 out-patient discharges (*i.e.*, 2%) it was not known if the patient had asked to be referred

Table 2.12 *Asked to be referred, by number of previous discharges.*—4,121 *in-patient discharges*

Previous discharges (before 1964)	Asked to be referred, % M	F
None	*20*	*14*
1	*35*	*23*
More than 1	*37*	*28*
Total discharges[1]	1,672	2,449

[1]Not known if asked to be referred for 61 male and 69 female discharges

Table 2.13 *Asked to be referred, by diagnosis: expressed as percentage of the proportion among all in-patient discharges*

Diagnosis[1]	Male	Female
Schizophrenia	*84*	*79*
Manic-depression	*100*	*124*
Anxiety and neurotic depression	*123*	*104*
Other neuroses	*108*	*81*
Personality disorders	*106*	*90*
Alcohol and other addictions	*118*	*129*
Others	*61*	*48*
Total asking to be referred	399	452
Total discharges[2]	1,672	2,449

[1]For numbers of cases, see Table 4.2
[2]For not-knowns, see footnote to Table 2.11

Table 2.14 *Previous hospital treatment elsewhere of patients and their relatives.*—2,854 *new in-patients and* 6,621 *new out-patients.*

Treated elsewhere	In-patients, % M	F	Out-patients, % M	F
Patients				
No	*52*	*50*	*70*	*76*
Once	*21*	*20*	*17*	*13*
Twice	*7*	*7*	*6*	*5*
Three or more	*6*	*7*	*6*	*5*
Yes but number of times not stated	*14*	*16*	*1*	*1*
Not known (% of known)	*(1)*	*(1)*	*(22)*	*(22)*
Relatives (one or more)				
Yes	*29*	*36*	*21*	*27*
Not known (% of known)	*(16)*	*(17)*	*(28)*	*(23)*
Total new patients	1,193	1,661	3,541	3,080

Table 2.15 *Employment status at time of admission.*—1,465 *male in-patients and* 4,512 *male out-patients*

In employment	In-patients, %	Out-patients, %
Yes	*65*	*69*
No	*35*	*31*
Not known	*(1)*	*(8)*
Not applicable	223	3
Total patients	1,456	4,512

Table 2.16 *Time off work before admission.*—1,456 *male in-patients and* 4,512 *male out-patients*

Time off work	In-patients No.	In-patients %	Out-patients No.	Out-patients %
Still working ...	447	*41*	2,160	*65*
—2 weeks	182	*16*	412	*12*
—1 month	158	*14*	226	*7*
—3 months ...	141	*13*	217	*7*
—6 months ...	68	*6*	95	*3*
—1 year	54	*5*	73	*2*
—2 years	30	*3*	62	
—5 years	19	*2*	38	*4*
More than 5 years ...	6		31	
Total known ...	1,105	*100*	3,314	*100*
Not known	128	*(12)*	886	*(27)*
Not applicable ...	223		12	
Total patients ...	1,456		4,512	

Table 2.17 Country of birth.—new patients, sexes together

Country of birth	In-patients	Out-patients	Hospital patients, % 64–66	Hospital patients, % 61–63[1]
United Kingdom				
England or Wales	2,218	4,119	*75*	*81*
Scotland or N. Ireland ...	115	277	*5*	*3*
Outside U.K.			*20=**100***	*16=**100***
Eire	134	335	*27*	*29*
West Indies ...	54	225	*16*	*13*
Africa	60	141	*12*	*4*
Asia	66	145	*12*	*12*
Australia or Canada	34	73	*6*	*6*
Europe	90	216	*18*	*21*
Other	39	108	*9*	*9*
Total known ...	2,810	5,639	*100*	*100*
Not known	44	982	(*12*)	(*9*)
Total new patients ...	2,854	6,621	9,055	11,502

[1]Includes not-new patients

CHAPTER THREE

ADULTS: HOSPITAL DATA

This chapter, as in previous reports, deals mainly with information relating to the number of spells of care given to patients at the hospital. But, as explained in Chapter One, several of the tables are based, not on the total number of discharges during the triennium but on the number of first-ever discharges, *i.e.*, on the number of *new* patients.

1. Referring Agencies (Tables 3.1-3.3)

(a) *In-patients.* Fewer in-patients are being referred from the Domiciliary Service, the actual numbers in the past three triennia being 305, 143 and now 102. Referrals from mental hospitals have increased, successive triennial numbers being 63, 54, 42, 112 and now 113. Direct referrals from the Emergency Clinic have fallen—from 664 in 1961-63 to 396 now; this may be due to the recent decrease in waiting time at the out-patient clinics, but may also reflect an increased confidence of the Doctors in the Emergency Clinic to let cases wait for an out-patient appointment rather than arranging immediate admission. The proportion of in-patients referred from the out-patient department as a whole has increased; it has risen from 51% in 1955-57 to 63% in the present triennium.

(b) *Out-patients.* The proportion of spontaneous referrals and referrals from voluntary organizations (*e.g.* the Samaritans) continues to increase. For spontaneous referrals, the actual numbers over recent triennia are 1,425, 1535, and now 1,781; and from voluntary organizations, 28, 193 and now 285. Table 3.3 shows that these two sources of referral constitute one-fifth of all referrals to the out-patient department, though here this proportion has not changed greatly over the past three triennia because such referrals constitute a diminishing proportion of warded out-patients.

2. Duration of Stay of In-patients (Tables 3.4, 3.5, Fig. 2)

The median duration of stay of in-patients has, for the first time, increased over the preceding triennium, from 7.6 to 8.0 weeks; this increase has occurred for both sexes. The increase is not necessarily a real one but may simply reflect the fact that there were fewer short-stay cases (because of the smaller number of beds available) while the number of cases admitted to the special units (especially the psychotherapy units, where stay tends to be long) did not fall. However, the figures do suggest that the period during which the median and average duration of stay has been steadily falling (see 1961-63 Report, page 24) may be at an end. This is illustrated graphically in Fig. 2, page 25.

From Table 3.5 it may be seen that, once again, social class has no clear association with duration of stay. Longer stay is associated with extremes of age, doubtless because the youngest groups contain many schizophrenic patients while the eldest contain many with manic-depressive psychosis, both diagnoses associated with longer than average stay.

3. Numbers of Attendances of Out-patients (Tables 3.6-3.8)

There are now signs of a trend towards an increasing number of out-patient attendances per patient: the proportion of out-patients who, during any one spell of care, attended between 5 and 25 times has risen from 13% in 1958-60 to 24% now. This may reflect the increased activity of the Emergency Clinic, where patients are often seen on several occasions before attending a consultant's out-patient clinic (see Table 3.25).

Table 3.7 applies to new out-patients and shows that number of attendances is scarcely associated with age, though it is with sex, females being seen a greater number of times. Number of attendances is also associated with social class, those in S.C.V being seen somewhat less often. The high proportion of schizophrenic cases seen only once is probably due to the fact that a new patient diagnosed as schizophrenia is either admitted to the in-patient department (whereupon he becomes an in-patient for that spell of care) or is referred to some other hospital.

Table 3.8 shows that there is considerable variation in the number of attendances at different clinics. These differences cannot be attributed simply to an "organic" or "psychotherapeutic" orientation of the physicians: physicians D and G, for example, would probably be thought of as exemplifying opposite orientations.

4. Special Treatments (Tables 3.9, 3.10)

The trends noted in the previous Report continue. The proportion of cases receiving ECT fell from 34% in 1955-57 , to 25% in 1961-63, and now to 22%, and the actual numbers from 1,170 in 1961-63 to 929 now. The use of leucotomy and modified insulin has again decreased and the numbers of cases in which drug abreaction was given fell by nearly a half. Special drug treatment is increasingly favoured: "other special drugs" (Table 3.9) include the butyrophenones and the benzo-diazepines. The increased number treated by group psychotherapy reflects the development of a special ward at Bethlem hospital for the group treatment of young adults.

A new form of treatment, behaviour therapy, has been recorded in this triennium, though, as in the case of psychotherapy, its delimitation for the purpose of statistical record is imprecise.

5. Outcome of Treatment (Tables 3.11-3.14)

As might be expected, the outcome for first-admitted patients is not as good as for readmissions (because re admissions include a high proportion of cases with recurrent depression, having a good prognosis); yet the difference in outcome is surprisingly small. For all discharges, the proportion recovered or much improved (50%) is, for the first time, less than that of the previous triennium; but like the increased duration of stay, this may mean only that there were relatively fewer admissions of the type with good prognosis and short stay.

Once again, outcome shows no clear association with social class (Table 3.12). Nor (Table 3.13) is there much variation in outcome for different physicians (outcome on discharge is recorded, not by the physicians themselves, but by the registrars, who change firms every six months). Table 3.14 shows a comparatively good outcome on discharge for schizophrenia—better on the whole than for neurotic depression. Over one-third of patients with personality disorder are unimproved on discharge and over a half are no more than slightly improved.

Over the past four triennia, the numbers of in-patient deaths by suicide have been 7, 7, 8 and now 6. Of these six, the one female killed herself by stabbing, and the males by drug overdose (two), hanging, falling under a train, and jumping from a height.

6. Disposal

(a) *In-patients* (Table 3.16). If an in-patient is discharged to an Emergency Ward it means, in general, that the patient has become too disturbed to be managed at the hospital. The numbers of such cases continue to diminish and for the past six triennia have been 140, 139, 101, 65, 26 and now 17. Discharge to a psychiatric hospital means, in general, that the patient, having completed his maximum length of stay under the hospital rule, is still not well enough to be discharged into the community. The proportion of these cases has been decreasing, the numbers over six triennia being 120, 104, 145, 128, 136 and now 83. As there is no reason to think the hospital is admitting less severe cases now than formerly, the figure suggests that disturbed cases are being more readily managed at the hospital and discharge to the community more readily achieved.

(b) *Out-patients* (Table 3.17). Compared with the previous triennium, the proportion of cases referred directly to an Emergency Ward decreased (the numbers falling from 451 to 342), though most of this decrease was in females. The proportion referred to a psychiatric hospital did not change much (increasing slightly in males but decreasing in females).

7. Lapses in Treatment

Table 3.18 shows that over four trienna there has been a steady and perhaps gratifying decrease, from 14% to 10%, in the proportion of in-patients who discharge themselves against advice, the numbers of such cases in these triennia being 548, 580, 538 and now 398. On the other hand, the proportion of out-patients lapsing in attendance has steadily increased—from 20% to 29%—and the proportion lapsing from the follow-up clinics has also increased and is now one-third of all cases. It may be remarked (once again) that this very high lapse rate suggests Doctors are over-cautious in discharging cases from the follow-up clinics.

It was shown in the Report for 1961-63 that there was only a very slight association between lapse in treatment and social class. Table 3.19 now shows that, in patients up to the age of 44 years, there is no great association between lapse and age, though for older patients the lapse rate falls. Compared with new patients, the lapse rate is lower in readmissions for in-patients but no different for out-patients. Examined by diagnosis, discharge against advice is highest in drug addiction, in male schizophrenia and female personality disorder (Table 3.20).

Table 3.21 shows that, apart from a lower lapse rate after first attendance, lapse in out-patient attendance is hardly at all associated with the number of attendances.

8. Waiting Time (Table 3.22)

Waiting time—*i.e.*, the time that elapses between a patient being advised admission (or attendance) and his actually doing so—has been previously examined for in-patients (Report for 1958-60, page 67) and for patients attending the out-patient department (Report for 1961-63, page 68). Table 3.22 suggests that waiting times have changed little between then and the present triennium. For out-patients the waiting time is of course much affected by the instant availability of the Emergency Clinic. Without this clinic, the waiting times might be much longer; during 1966, for instance, cases seen in the Emergency Clinic often waited for several weeks before a consultant out-patient appointment was available, but no statistics for this within-hospital waiting time have been collected.

9. Travelling Time (Table 3.23)

Compared with the previous triennium there is a slight shift towards shorter travelling times. This may perhaps be taken as in line with the observation (page 71) that referrals of new cases from general practitioners have tended to increase in districts near the Maudsley hospital and to decrease in districts further away. But the high proportion of not-knowns makes the figures rather unreliable.

The proportion of patients who travelled by private transport was 28% for males, 32% for females.

10. The Emergency Clinic (Tables 3.24-3.26)

Among all cases seen in the Out-patient Department, the proportion who were first seen in the Emergency Clinic was 47%, and the actual number first seen there was 5,508, compared with 4,491 during 1961-63 (that Report, page 70). Thus a very substantial proportion of the hospital cases are now being first dealt with in this clinic, and the number of such cases, and probably also the proportion, is still increasing rapidly. Table 3.25 shows that a sizable proportion of patients attended the Emergency Clinic on several occasions, either by appointment (while waiting for a consultant's clinic) or, less commonly, from repeated referral. Table 3.26 shows that, of new patients seen once only in the Out-patient Department, the Emergency Clinic dealt with nearly a half.

It is no exaggeration to say that the development of the Emergency Clinic has basically changed not only the medical procedure of receiving cases into the hospital departments but also both the number and type of cases referred to the hospital.

11. Self-referrals (Table 3.27)

A self-referral, or spontaneous referral, is defined as the attendance of a patient at a hospital department (usually the out-patient department) without an appointment and without an introduction or letter of referral from a general practitioner or other official agency.

Among all referrals to the out-patient department, the proportion of self-referrals was 17% and this proportion has not changed over the past three triennia (Table 3.3). Among 1,055 discharges of males self-referred to the out-patient department, 68 (6%) were warded, *i.e.* became in-patients, and the remainder were out-patients; the number of warded cases among the 931 discharges of self-referred females was 86 (9%). The proportions of warded cases among all referrals to the out-patient department were 17% for males and 25% for females. The self-referred cases are therefore on the whole less severely ill than other cases.

The proportion of self-referrals who were first seen in the Emergency Clinic was, as might have been expected, higher than for all referrals—59% compared with 47%. Thus self-referrals are mainly dealt with in the first instance by the Emergency Clinic.

Most self-referrals are of patients who have attended the hospital before. Thus the 1986 self-referrals concern only 802 patients, of whom only 559 were new patients.This gives a re-discharge rate of 72%, compared with 33% for all hospital discharges. Among the 802 patients concerned in self-referrals, 33% had had one or more in-patient discharges in previous triennia (compared with 12.5% for all out-patients), and 57% had had one or more out-patient discharges (compared with 23% for all out-patients). This implies that self-referral is largely due to the process of "facilitation", mentioned above (page 9).

Table 3.27 indicates how the diagnostic distribution of new self-referred out-patients differs from all out-patients and from self-referred re-discharges. Compared with all out-patients, male new self-referrals show a striking excess of chronic alcoholism and drug addiction, a considerable excess of schizophrenia and a deficiency of neuroses; the latter two of these features are also shown by females. The not-new self-referrals (*i.e.* those with previous discharges) show a still greater excess of schizophrenia compared with all new out-patients, and also an excess of manic-depression; the deficiency of the neuroses is not made up. Thus, contrary to what might have been expected, self-referred cases as a whole do not show an excess of either neurosis or personality disorder, but instead show an excess of psychoses. In the sense that self-referred cases are mainly re-attenders at the hospital, they thus follow the diagnostic pattern of re-admitted in-patients (Table 4.4).

Table 3.1 *Referring agencies for in-patients.*—4,121 *in-patient discharges*

Referring agency	Male	Female	Totals, % of discharges 64-66	61-63	58-60
Out-patient department ...	1,084	1,533	*62*	*56*	*58*
Day-patient department ...	18	25	*1*	*2*	
Emergency unit	169	227	*10*	*14*	*14*
Psychiatric department of a general hospital	117	212	*8*	*9*	*8*
Domiciliary service	29	73	*2*	*3*	*7*
Consultant on the hospital staff	67	90	*4*	*4*	*4*
Consultant not on the hospital staff	13	26	*1*	*1*	*1*
Non-psychiatric hospital department	44	84	*3*	*3*	*3*
Mental hospital	55	58	*3*	*2*	*1*
General practitioner	22	48	*2*	*2*	*1*
Spontaneous (=self-referral)...	7	8			
Other	47	65	*3*	*4*	*3*
Total discharges	1,672	2,449	4,121	4,609	3,942

Table 3.2 *Referring agencies for out-patients.*—9,298 *out-patient discharges*

Referring agency	Male	Female	Totals, % of discharges 64-66	61-63	58-60
General practitioner	2,873	2,931	*62*	*64*	*64*
Spontaneous (=self-referral)...	964	817	*19*	*18*	*15*
Voluntary organization ...	233	52	*3*	*2*	*0*
Probation service, remand home, court or prison ...	170	61	*3*	*4*	*4*
Non-psychiatric hospital department	114	111	*3*	*2*	*2*
Psychiatric unit of a general hospital	138	102	*2*	*2*	*3*
Domiciliary service	5	21			
Psychiatrist on the hospital staff	28	38			
Psychiatrist not on the hospital staff	5	4	*2*	*4*	*4*
Mental hospital	29	31			
Ministry of Labour	52	7			
Other	262	250	*6*	*4*	*6*
			100	*100*	*100*
Total discharges	4,873	4,425	9,298	8,417	7,429

Table 3.3 *Principal referring agencies to the Out-patient Department.*—9,298 *out-patient discharges plus* 2,412 *warded out-patient discharges*

Referring agency	Male	Female	Discharges, % of total 64-66	61-63	58-60
General practitioner	3,620	4,085	*66*	*67*	*67*
Spontaneous	1,055	931	*17*	*17*	*17*
General hospitals	297	262	*5*	*4*	*5*
Voluntary organizations ...	257	70	*3*	*	*
Probation service, etc.... ...	173	66	*2*	*3*	*3*
Consultant psychiatrists ...	42	59	*1*	*1*	*2*
Remainder	394	399	*6*	*8*	*6*
			100	*100*	*100*
Total discharges	5,838	5,872	11,710	10,975	10,047

*Included in Remainder

Table 3.4 Duration of in-patient stay.—4,121 in-patient discharges

Duration of stay	Male	Female	Totals, % 64-66	61-63	58-60	55-57
Less than 1 week ...	79	118				
1 week—	88	101	*23*	*24*	*20*	*17*
2 weeks—	102	118				
3 weeks—	160	161				
1 month—	450	652	*48*	*47*	*48*	*46*
2 months—	351	513				
3 months—	161	314				
4 months—	151	271	*28*	*28*	*30*	*35*
6 months—	76	115				
9 months—	33	43				
1 year and over ...	21	43	*1*	*1*	*2*	*2*
Total discharges (=100%)	1,672	2,449	*100*	*100*	*100*	*100*
Median stay (weeks) ...	7.6	8.4	8.0	7.6	8.4	9.2

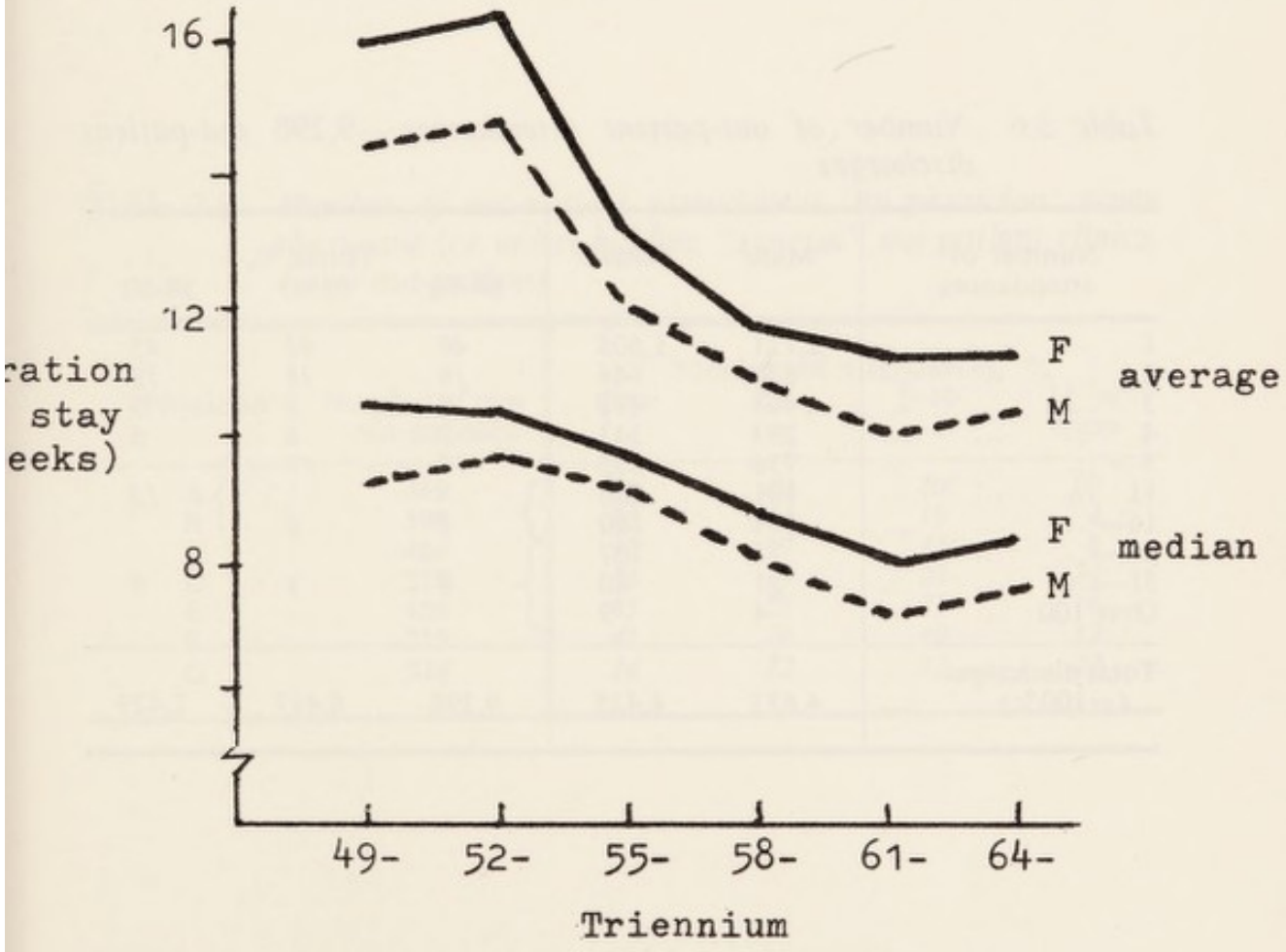


Figure 2 Median and average duration of stay of in-patients, by triennia

Table 3.5 *Median duration of stay of new in-patients, by age, social class and diagnosis.*—2,854 *new in-patients*

		Median stay (weeks) M	F
Age:	16—	7.8	10.5
	25—	7.3	8.0
	35—	6.3	7.1
	45 and over	7.8	8.6
Social class :	1+II	6.7	8.5
	III	8.5	8.3
	IV+V	7.3	8.6
Diagnosis	Schizophrenia	10.0	10.0
	Manic-depression	8.8	8.8
	Neurosis	7.2	8.0
	Personality disorder	6.2	7.3

Table 3.6 *Number of out-patient attendances.*—9,298 *out-patient discharges*

Number of attendances	Male	Female	Totals, % 64-66	61-63	58-60
1	2,111	1,608	*40*	*42*	*45*
2	848	646	*16*	*18*	*19*
3	463	411	*9*	*9*	*9*
4	293	343	*7*	*6*	*6*
5—	736	855	*17*	*15*	
11	191	226			*13*
16—...	134	180	*7*	*6*	
26—...	72	107			
51—...	21	40	*4*	*4*	*8*
Over 100	4	9			
Total discharges (=100%) ...	4,873	4,425	9,298	8,417	7,429

ble 3.7 Number of out-patient attendances, by age, social class and diagnosis.—6,621 *new out-patients*

		Per cent of cases seen			
		Males		Females	
		Once	5 or more times	Once	5 or more times
Age:	16—	*43*	*22*	*34*	*33*
	25—	*45*	*21*	*36*	*32*
	35—	*43*	*25*	*37*	*32*
	45 and over ...	*46*	*24*	*40*	*30*
Social class:	I+II	*41*	*29*	*35*	*34*
	III	*40*	*25*	*32*	*36*
	IV+V	*45*	*19*	*38*	*31*
Diagnosis:	Schizophrenia	*55*	*19*	*46*	*31*
	Manic-depression	*33*	*32*	*35*	*35*
	Neurosis ...	*34*	*32*	*29*	*38*
	Personality disorder ...	*44*	*21*	*40*	*28*

Table 3.8 Number of out-patient attendances, by physician: seven physicians (or units) holding "general" out-patient clinics. —*new out-patients*

Physician	Number of new out-patients	Number of attendances, %			
		One	2-4	5–10	11 or more
A	369	*30*	*40*	*20*	*10*
B	390	*23*	*54*	*19*	*4*
C	465	*32*	*37*	*23*	*8*
D	210	*20*	*29*	*28*	*24*
E	456	*35*	*28*	*21*	*16*
F	215	*41*	*28*	*19*	*12*
G	528	*24*	*32*	*22*	*22*

Table 3.9 *Special treatment for in-patients.*—4,121 *in-patient discharges*

Treatment	M	F	Totals, % 64–66	61–63	58–60	55–57
E.C.T.	303	626	*22*	*25*	*30*	*34*
Modified insulin ...	5	9	*0*	*1*	*1*	*3*
Behaviour therapy ...	51	51	*2*	—	—	—
Leucotomy	10	14	*1*	*1*	*1*	*2*
Anti-depressive drug ...	538	1,031	*38*	*32*		
Phenothiazine drug ...	607	903	*37*	*38*	*56*	*40*
Other special drug ...	490	621	*27*	*23*		
For G.P.I....	3	2	*0*	*0*	*0*	*0*
Drug abreaction	22	45	*2*	*3*	*3*	*5*
Group psychotherapy ...	32	53	*2*	*1*	*1*	*1*
Individual psychotherapy	140	234	*9*	*10*	*15*	*15*
Hypnosis	10	14	*1*	*1*	*0*	*1*
No special treatment ...	116	152	*7*	*4*	*7*	*8*
Total discharges (=100%)	1,672	2,449	4,121	4,609	4,477	3,942

Table 3.10 *Comparison of certain special treatments of in-patients for five triennia, showing the number of in-patient discharges in which the treatment was given. Sexes together.*

Treatment	64–66	61–63	58–60	55–57	52–54
E.C.T.	929	1,170	1,328	1,325	1,075
Coma insulin	0	0	54	166	210
Modified insulin	14	33	63	113	166
Leucotomy	24	30	62	66	91
Continuous narcosis	0	7	6	19	33
Drug abreaction	67	137	137	183	122
Group psychotherapy	85	40	27	19	31
Hypnosis	24	59	16	32	21
Total discharges	4,121	4,609	4,477	3,942	3,641

Table 3.11 *Outcome of in-patient treatment for new in-patients, for readmissions, and for all discharges.*

Outcome on discharge	New in-patients % M	New in-patients % F	Readmissions % M	Readmissions % F	Discharges % Sexes together
Recovered	*18*	*19*	*15*	*20*	*18*
Much improved	*28*	*31*	*35*	*37*	*32*
Improved	*22*	*19*	*24*	*20*	*21*
Slightly improved	*14*	*14*	*10*	*12*	*13*
Unchanged	*17*	*15*	*14*	*10*	*15*
Worse					
Suicide[1]	*1*	*1*	*1*	*1*	*1*
Other death[1]					
Total patients (=100%) ...	1,193	1,661	479	789	4,121

[1]Among new patients, 4 male suicides, 8 male and 18 female other deaths; among readmitted patients, 1 male and 1 female suicides, 3 male and 3 female other deaths.

Table 3.12 *Outcome of treatment, by social class.*—1,631 *male and* 2,261 *female in-patient discharges of known social class*[1]

Outcome at discharge	Social class					
	Male, %			Female, %		
	I+II	III	IV+V	I+II	III	IV+V
Recovered or much improved ...	*50*	*49*	*43*	*50*	*53*	*48*
Improved or slightly improved ...	*33*	*35*	*40*	*35*	*34*	*41*
Unchanged or worse	*17*	*16*	*17*	*15*	*13*	*11*
Total of known social class (=100%)	533	634	464	633	1,057	571

[1]Social class not known for 41 male and 188 female discharges

Table 3.13 *Outcome, by physician: percentage of in-patients recovered etc., by physician in charge of the case, for five "general" firms.—from* 2,854 *new in-patients, sexes together.*

Outcome	Physician (or Unit) A	B	C	D	E	All patients
Recovered or much improved ...	*48*	*50*	*52*	*50*	*53*	*49*
Improved or slightly improved ...	*37*	*34*	*33*	*29*	*34*	*34*
No change or worse...	*15*	*16*	*15*	*21*	*13*	*17*
All patients (=100%)	289	280[1]	341	322	674	2,854

[1]Excluding 8 deaths

Table 3.14 *Outcome, by diagnosis.*—2,854 *new in-patients, sexes together*

Outcome	Schizophrenia	Manic-depression	Neurotic depression	Personality disorder	Alcohol and drug addiction	All patients
Recovered ...	*18*	*32*	*18*	*3*	*12*	*19*
Much improved	*39*	*37*	*33*	*15*	*30*	*30*
Improved ...	*18*	*15*	*22*	*26*	*20*	*20*
Slightly improved ...	*12*	*8*	*17*	*21*	*20*	*14*
No change, etc.	*13*	*8*	*10*	*35*	*18*	*17*
All patients (=100%) ...	356	759	566	309	164	2,854

Table 3.15 *Causes of death in* 16 *male and* 23 *female in-patients*

	Males	Females
Primary cerebral neoplasm	1	4
Carcinoma of bronchus	1	1
Other neoplasm	—	2
Presenile dementia	—	1
Cerebral haemorrhage	1	2
Pulmonary embolism	—	3
Other chest disease	3	3
Heart disease	3	5
Cirrhosis of the liver	—	1
Status epilepticus	1	—
Peroneal muscular dystrophy	1	—
Suicide	5	1

Table 3.16 *Disposal of in-patients.*—4,121 *in-patient discharges*

Disposal	Male	Female	Totals, % of discharges 64–66	61–63
To General Practitioner	174	213	*9*	*8*
Further treatment or supervision at the hospital				
Out-patient supervision	1,136	1,810	*72*	*69*
Out-patient psychotherapy	55	68	*3*	*3*
Day-ward	14	17	*1*	*1*
Clinic for epilepsies	42	40	*2*	*2*
Recommended for treatment or supervision elsewhere				
Emergency ward	2	15	*0*	*0*
Psychiatric hospital	37	46	*2*	*3*
Non-psychiatric hospital or residential institution	43	51	*2*	*3*
Other or not stated	269	189	*9*	*11*
Total discharges (=100%)	1,672	2,449	4,121	4,609

Table 3.17 *Disposal of out-patients.*—9,298 *out-patient discharges*

Disposal	Male	Female	Totals, % of discharges 64–66	61–63
To general practitioner	1,869	2,052	*42*	*40*
Further treatment or supervision at the hospital				
To surveillance	38	81	*1*	*3*
Other	68	69	*1*	*1*
Recommended for treatment or supervision elsewhere				
Out-patient department or psychiatrist	4	0	*4*	*9*
Emergency ward	220	122		
Psychiatric hospital	360	253	*7*	*7*
Other	19	18	*0*	*1*
Simple advice given	259	171	*5*	*6*
Other	414	325	*8*	*8*
No special disposal arranged	1,622	1,334	*32*	*25*
Total discharges (=100%)	4,873	4,425	9,298	8,417

Table 3.18 *Lapses in treatment.*—4,121 *in-patient*, 9,298 *out-patient and* 2,412 *warded out-patient discharges*

Mode of leaving	Male No.	Male %	Female No.	Female %	Totals, % of discharges 64-66	61-63	58-60	55-57
In-patients								
Left against advice[1]	155	*10*	243	*10*	*10*	*12*	*13*	*14*
Out-patients								
Lapsed in attendance	1,424	*29*	1,228	*28*	*29*	*27*	*21*	*20*
Warded out-patients								
Lapsed in attendance at follow-up ...	323	*35*	458	*32*	*33*	*29*	*26*	*

[1]Includes absconded and failed to return from leave
*Figure not extracted

Table 3.19 *Lapses in treatment, by age and by readmission.*—2,854 *new in-patients*, 6,621 *new out-patients; and* 1,263 *in-patient readmissions and* 2677 *out-patient re admissions.*

Age	In-patients, % Male	In-patients, % Female	Out-patients, % Male	Out-patients, % Female
Less than 20	*10*	*13*	*37*	*35*
20—	*15*	*14*	*32*	*32*
25—	*13*	*11*	*33*	*31*
35—	*17*	*13*	*26*	*27*
45—	*7*	*13*	*25*	*22*
55 and over	*6*	*5*	*17*	*18*
New patients, all ages... ...	*12*	*11*	*29*	*29*
Readmissions, all ages ...	*7*	*8*	*29*	*27*

Table 3.20 *Lapses in in-patient treatment, by diagnosis.*—2,854 *new in-patients*

Diagnosis[1]	Left against advice, % Males	Left against advice, % Females
Schizophrenia	*16*	*8*
Manic-depression	*10*	*10*
Neurotic depression...	*10*	*13*
Personality disorder...	*11*	*21*
Chronic alcoholism	*13*	*9*
Drug addiction	*34*	*14*

[1]See Table 5.2 for numbers of cases

Table 3.21 *Lapses in out-patient treatment, by number of attendances.*—6,621 *new out-patients*

Number of attendances before lapse	Out-patients, % lapsing	
	Male	Female
1	*23*	*24*
2—	*36*	*34*
5—	*31*	*30*
11—	*34*	*23*
16 and over...	*34*	*29*
All new out-patients	*29*	*29*

Table 3.22 *Waiting time: i.e., time between being advised admission (or attendance) and being admitted.*—4,121 *in-patient and* 9,298 *out-patient discharges.*

Waiting time	In-patients (sexes together)			Out-patients (sexes together)		
	%	Cumulative % admitted 1964-66	1958-60[1]	%	Cumulative % attended 1964-66	1961-63[2]
No wait	*37*	*37*	*46*	*25*	*25*	*26*
—3 days	*24*	*61*		*24*	*49*	*51*
—1 week	*16*	*77*	*78*	*10*	*59*	*62*
—2 weeks	*11*	*88*	*90*	*12*	*71*	*75*
—3 weeks	*6*	*94*	*95*	*9*	*80*	*85*
—1 month	*3*	*97*	*98*	*11*	*91*	*94*
—2 months	*2*	*99*		*7*	*98*	*99*
More than 2 months ...	*1*			*2*		
Total known	*100*			*100*		
Not known or not applicable	*(2)*			*(41)*		
Total discharges ...	4,121			9,298		

[1]Extracted by a different method

[2]Includes warded-out patients

Table 3.23 *Travelling time from home to hospital, for all patients attending the Out-patient Department*

Travelling time	Male	Female	Persons, % of known 1964-66	1961-63
—15 minutes	752	875	*21*	*18*
—30 minutes	1,376	1,371	*35*	*37*
—45 minutes	585	556	*14*	*15*
—1 hour	665	572	*15*	*16*
—2 hours	501	449	*12*	*11*
More than 2 hours	131	99	*3*	*3*
Total known	4,010	3,922	*100*	*100*
Not known	1,379	1,556	*(37)*	*(56)*
Total patients	5,389	5,478		

Table 3.24 *Seen at the Emergency Clinic: cases first seen or seen at any time at the Emergency Clinic during a spell of care.—* 9,298 *out-patient and* 2,412 *warded out-patient discharges, sexes together.*

	First seen at E.C. No.	%	Seen at any time at E.C. No.	%	Total attenders
Out-patients ...	4,420	*48*	4,695	*50*	9,298
Warded out-patients	1,088	*45*	1,295	*54*	2,412
Total attenders ...	5,508	*47*	5,990	*51*	11,710

Table 3.25 *Number of times seen at the Emergency Clinic.—*5,990 *out-patient attenders who were seen at the Emergency Clinic, sexes together*

Number of times seen	Attenders No.	%
1	3,754	*62*
2	1,166	*20*
3	507	*8*
4	228	*4*
5–10	290	*5*
11 and over	45	*1*
Total discharges	5,990	*100*

Table 3.26 *Proportion of new out-patients seen at the Emergency Clinic among new out-patients who were seen once only.*— 6,621 *new out-patients, sexes together*

	Patients	
	No.	%
Total seen once only	2,689	*100*
Number of these seen in Emergency Clinic... ...	1,259	*47*

Table 3.27 *Diagnosis of self-referred out-patients. Comparison of new and not-new self-referred patients with all out-patients: per cent in each diagnostic category*

Diagnosis	Males			Females		
	All new out-pts.	Self-referred		All new out-pts.	Self-referred	
		New	Not-new		New	Not-new
Schizophrenia ...	*7*	*11*	*16*	*5*	*10*	*14*
Manic-depression ...	*8*	*6*	*13*	*13*	*15*	*18*
Neurotic depression	*19*	*19*	*14*	*33*	*30*	*25*
Anxiety neurosis ...	*8*	*5*	*8*	*8*	*10*	*8*
other neuroses ...	*9*	*4*	*10*	*11*	*5*	*9*
Personality disorder	*25*	*23*	*24*	*13*	*14*	*11*
Chronic alcoholism or drug addiction	*12*	*21*	*9*	*7*	*7*	*1*
All other	*12*	*11*	*4*	*10*	*9*	*11*
Total (=100%) ...	3,541	308	653	3,080	188	629

CHAPTER FOUR

ADULTS: DIAGNOSTIC DATA

Many of the tables in this chapter are based on the numbers of first-ever discharges during the triennium, *i.e.*, on new patients. As explained in Chapter One, this has the advantage that, over a series of triennia, all patients will be included but no patient will be included more than once, so that the numbers in different triennia can be added together to give a total figure with no duplication of cases.

1. Numbers of Patients with Various Diagnoses

(a) *In-patients.* In Tables 4.2 and 4.5, proportions of total patients (*i.e.*, new plus not-new) are compared for four triennia. The proportion with personality disorder has more than doubled since 1955-57, the actual numbers increasing from 173 to 280, 324 and now 381. Similarly, the proportion with alcoholism or other drug addiction has doubled, the numbers being 94, 115, 185 and now 204. Manic-depressive psychosis and neurotic depression have also shown a steady proportionate increase. On the other hand, a steady decrease has occurred for anxiety state (from 215 in 1955-57 to 108 now), hysteria (from 132 to 90), obsessional neurosis (from 81 to 59) and in the miscellaneous category. The proportion of patients diagnosed schizophrenic has remained constant.

The changes in the diagnostic proportions of in-patients may be attributed to four main causes. First, clinicians have become increasingly confident in the management of affective disorders on an out-patient basis; this leaves beds available for other cases, particularly of personality disorder. Second, there has been a development of interest in special diagnostic categories; this accounts largely for the increased admission of patients with chronic alcoholism. Third, diagnostic fashions change: the efficacy of treatment for anxiety not having changed much in the past decade, change in fashion is the most likely explanation for the decrease in numbers of patients diagnosed as having anxiety state (and see Report for 1961-63, page 32); the decrease in obsessional neurosis can be explained along the lines that such cases are increasingly considered as being referred more for a supervening depressive state than for the underlying and often long-standing obsessional symptoms; and patients manifesting hysterical symptoms or behaviour are increasingly likely to be given a diagnosis of personality disorder rather than hysteria. Fourth, there has been a real increase in number of cases in the community and in the number of referrals to the hospital: this is probably true for drug addiction.

Table 4.4 gives the diagnoses of readmitted in-patients (the numbers represent discharges, not individual patients). The distri-

bution is quite different from that for new patients, the proportion of schizophrenia and manic-depressive psychosis being much higher in readmissions.

(b) *Out-patients.* Tables 4.2 and 4.7 show trends for out-patient diagnosis broadly similar to those of in-patients. The numbers of patients with the diagnosis of anxiety state have fallen from 1,035 in 1955-57 to 708 now, of hysteria from 223 to 92, of obsessional neurosis from 176 to 132. It must be remembered that these decreases have occurred in the setting of continued increase in the total number of out-patients—from 6,229 to 7,830. These *decreases* in out-patient and in-patient numbers support the idea of change in diagnostic fashion, but the increase in other categories more than balances them, so that some at least of the increase might be due to readier referral to the out-patient department of patients with depression, personality disorder and alcoholism.

2. Miscellaneous Diagnosis (Table 4.8)

Over six successive triennia, the numbers of cases of dementia paralytica (general paralysis of the insane) seen at the hospital have been 25, 19, 20, 21, 14 and now 5. One of the 5 cases in the present triennium was an old case (treated here in 1936) and so does not appear in the Table. Of the 4 new cases, one was a man of 81 in whom the laboratory findings (on which the diagnosis was made) were probably incidental, while in two of the remaining cases the diagnosis had been made and treatment already given in other hospitals. Thus only one new case of dementia paralytica came to light at the hospital during 1964-66.

Tables 4.8 and 4.9 are based on new patients and are thus not comparable with the equivalent tables of previous Reports.

3. Diagnosis and Age (Table 4.10)

A table of diagnosis by age, for total hospital patients, was given in the Report for 1955-57 (page 38). The present Table concerns new patients. It is interesting that, for schizophrenia, males tend to be younger than females, whereas the reverse is true for neurotic depression; when the sexes are combined, the age distribution of schizophrenia is almost identical with that of neurotic depression.

4. Diagnosis and Social Class (Table 4.11)

This is a new table. Schizophrenia shows the usual excess in social class V; but the excess in social classes I and II among manic-depressive psychosis and alcoholism with other drug addiction reflects selection factors for admission. Personality disorder shows a moderate excess in the lower two social classes.

5. Diagnosis and Number of Previous Discharges

Table 4.12 is another way of expressing the results of Table 4.4, but extends it to cover out-patients. Among patients with repeated admissions, schizophrenia, manic-depressive psychosis and epilepsy are the increasingly common diagnoses. It is perhaps odd that the proportion of patients diagnosed neurotic depression decreases with repeated admission: either neurotic depressions improve with age, or the general practitioner increasingly manages the case himself (or refers it elsewhere), or the diagnosis becomes changed to manic-depressive psychosis.

Other aspects of diagnosis are considered in Tables 2.13, 3.5, 3.7, 3.14, 3.20 and 3.27.

Table 4.1 *Diagnosis in four major groups.*—2,854 *new in-patients and* 6,621 *new out-patients*

Diagnostic group	Males No.	Males %	Females No.	Females %	Persons %
In-patients					
Psychoses	495	*41*	773	*47*	*44*
Neuroses	305	*26*	596	*36*	*32*
Personality disorder, etc. ...	312	*26*	203	*12*	*18*
Miscellaneous	80	*7*	87	*5*	*6*
Out-patients					
Psychoses	605	*17*	619	*20*	*18*
Neuroses	1,232	*35*	1,624	*53*	*43*
Personality disorder, etc. ...	1,416	*40*	571	*18*	*30*
Miscellaneous	102	*3*	136	*4*	*4*
Uncertain or no abnormality	166	*5*	130	*5*	*5*

Table 4.2 *Diagnosis in four major groups, by triennia (figures include not-new patients)*

Diagnostic group	Persons, % of total 55–57	58–60	61–63	64–66
In-patients				
Psychoses	*51*	*54*	*52*	*47*
Neuroses	*30*	*27*	*26*	*30*
Personality disorder, etc. ...	*9*	*11*	*14*	*17*
Miscellaneous	*10*	*8*	*8*	*6*
Out-patients				
Psychoses	*23*	*25*	*24*	*23*
Neuroses	*49*	*44*	*40*	*43*
Personality disorder, etc. ...	*19*	*23*	*26*	*30*
Miscellaneous	*9*	*10*	*10*	*4*

Table 4.3 *Diagnosis of in-patients.*—2,854 *new in-patients*

I.C.D. Code No.	Diagnosis	Males No.	Males %	Females No.	Females %	Persons %
	Psychoses					
300	Schizophrenia	179	*15*	177	*11*	*12*
301.0	Manic and circular ...	36	*21*	65	*30*	*26*
301.1, 301.2 302	Depression	217		441		
303	Paranoid state	13		14		
304, 306	Senile, etc.	14	*5*	37	*6*	*6*
305, 307, 308	Alcoholic, epileptic, etc. ...	24		15		
309	Unspecified...	13		26		
	Neuroses					
310	Anxiety	45	*4*	38	*2*	*3*
311	Hysteria	17		63	*4*	*3*
312	Phobic	11		40		*2*
313	Obsessional	16		21		*1*
314	Depressive	178	*15*	388	*23*	*20*
315-317	With somatic symptoms ...	25		19		*3*
318	Other	13		27		
	Personality disorders, etc.					
320	Pathological personality ...	121	*10*	67	*4*	*7*
321	Immature personality ...	56	*5*	65	*4*	*4*
322	Chronic alcoholism ...	87	*9*	23	*3*	*4*
323	Drug addiction	33		21		*2*
324-326	Other	15		27		*1*
	Miscellaneous					
353	Epilepsies	39		29		
688	Puerperal states	—	*7*	19	*5*	*6*
	Other	41		39		
	All diagnoses (=100%)	1,193	*100*	1,661	*100*	*100*

Table 4.4 *Diagnosis of readmitted in-patients.*—1,267 *discharges of readmitted in-patients*

Diagnosis	Male No.	Male %	Female No.	Female %	Total re-admissions %	New in-patients %
Psychoses	**271**	***56***	**495**	***63***	***61***	***44***
Schizophrenia[1] ...	95	*20*	136	*17*	*18*	*12*
Manic-depression[2] ...	161	*33*	333	*42*	*39*	*26*
Neuroses	**114**	***24***	**196**	***25***	***24***	***32***
Depression	68	*14*	115	*15*	*15*	*20*
Personality disorders ...	**66**	***14***	**68**	***9***	***11***	***18***
Pathological and immature	42	*9*	43	*5*	*7*	*11*
Alcohol and drug addiction	23	*5*	19	*2*	*3*	*6*
Miscellaneous	**29**	***6***	**28**	***3***	***4***	***6***
Total discharges (=100%)	480	***100***	787	***100***	1,267	2,854

[1]Includes paranoid state, here and in equivalent tables

[2]Includes involutional depression, here and in equivalent tables

Table 4.5 *Certain diagnoses of in-patients by four triennia: all in-patients (including not-new in-patients)*

Diagnosis	Persons, % of total 55–57	58–60	61–63	64–66
Schizophrenia	*16*	*17*	*15*	*16*
Manic-depression	*24*	*31*	*31*	*33*
Neurotic depression	*13*	*13*	*15*	*21*
Anxiety	*6*	*4*	*2*	*3*
Hysteria	*4*	*3*	*3*	*3*
Obsessional states	*2*	*2*	*2*	*2*
Other neurosis	*5*	*5*	*5*	*5*
Personality disorders	*5*	*7*	*8*	*11*
Alcoholism and other drug addictions	*3*	*3*	*5*	*6*
Total in-patients	3,580	3,947	3,948	3,543

Table 4.6 Diagnosis of out-patients.—6,621 *new out-patients*

I.C.D. Code No.	Diagnosis	Males No.	Males %	Females No.	Females %	Persons %
	Psychoses					
300 ...	Schizophrenia	236	7	159	5	6
301.0 ...	Manic and circular ...	32		42		
301.1, 301.2 302	Depression	265	8	355	13	10
303 ...	Paranoid state	25		15		
304, 306	Senile, etc.	17	2	26	2	2
305, 307, 308	Alcoholic, epileptic, etc.	16		5		
309	Unspecified	14		17		
	Neuroses					
310 ...	Anxiety	270	8	250	8	8
311 ...	Hysteria	28	39			
312 ...	Phobic	68		106		
313 ...	Obsessional	43		32		
314 ...	Depressive	664	19	1,040	33	28
315-317	With somatic symptoms ...	126		117		
318 ...	Other	53		40		
	Personality disorders, etc.					
320 ...	Pathological personality ...	626	18	213	7	13
321 ...	Immature personality ...	247	7	176	6	6
322 ...	Chronic alcoholism ...	345	12	41	7	7
323 ...	Drug addiction	64		34		
324-326 ...	Other	134		107		
	Miscellaneous					
353 ...	Epilepsies	32		27		
688 ...	Puerperal states	—	3	29	4	4
	Other	70		80		
	Diagnosis uncertain ...	65	2	51	2	2
	No psychiatric disorder ...	101	3	79	3	3
	All diagnoses (=100%) ...	3,541		3,080		6,621

Table 4.7 *Certain diagnoses of out-patients by four triennia: all out-patients (including not-new out-patients)*

Diagnosis	Persons, % of total 55–57	58–60	61–63	64–66
Schizophrenia	*8*	*8*	*8*	*9*
Manic-depression	*11*	*14*	*14*	*15*
Neurotic depression	*15*	*18*	*20*	*28*
Anxiety	*17*	*12*	*9*	*9*
Hysteria...	*4*	*2*	*2*	*1*
Obsessional states	*3*	*2*	*1*	*2*
Other neurosis	*11*	*7*	*6*	*8*
Personality disorders	*15*	*18*	*17*	*21*
Alcoholism and other drug addictions	*2*	*3*	*4*	*7*
Total out-patients	6,229	6,752	7,766	8,599

Table 4.8 *Miscellaneous diagnoses outside Section V* (300-326) *of the International Classification of Diseases.—among new in-patients and new out-patients.*

Code No.	Diagnosis	In-patients M	In-patients F	Out-patients M	Out-patients F
025	Dementia paralytica	3	1	0	0
083	Acute infectious encephalitis or effects	1	1	1	1
193	Malignant neoplasm of the brain ...	2	3	3	1
223	Benign neoplasm of the brain... ...	0	1	0	0
241	Asthma	5	9	7	6
252	Thyrotoxicosis	0	0	2	2
253	Myxoedema	0	0	0	1
289.2	Other metabolic diseases	0	0	0	0
353	Epilepsy	30	21	32	27
355	Other brain diseases (including Huntington's Chorea)	0	1	3	2
688	Puerperal psychosis	—	19	—	28
726.2	Torticollis	0	1	2	3
	Other diagnoses outside 300-326[1] ...	30	27	51	47
	Total	71	84	101	118

[1]No rubric containing more than 5 cases.

Table 4.9 *Principal accessory diagnoses.—among* 9,055 *new hospital patients*

Code No.	Diagnosis	Males	Females
	Psychiatric disorders		
300–309	Psychoses	65	328
310–318	Neuroses	418	444
320	Pathological personality...	339	182
321	Immature personality	117	151
322	Alcoholism	67	37
323	Other drug addiction	54	49
325	Mental deficiency	24	17
	Other	33	42
	Non-psychiatric disorders		
002	Pulmonary tuberculosis	0	0
025	Dementia paralytica	0	0
241	Asthma	2	3
252	Thyrotoxicosis	0	6
253	Myxoedema	0	6
260	Diabetes	1	1
353	Epilepsy	24	41
444	Hypertensive disease	15	7
502	Chronic bronchitis	7	1
541	Peptic ulcer	4	2
649,688	Puerperal illness	—	91
	Other	89	129
	Total accessory diagnoses recorded ...	1,259	1,537
	Total new hospital patients	4,520	4,535

Table 4.10 *Diagnosis, by age*: 2,854 *new in-patients and* 6,621 *new out-patients combined*

Age	Schizophrenia		Manic-depression		Neurotic[1] depression		Personality disorder	
	M	F	M	F	M	F	M	F
16— ...	*24*	*20*	*13*	*11*	*21*	*28*	*39*	*47*
25— ...	*37*	*21*	*18*	*19*	*30*	*29*	*33*	*31*
35— ...	*21*	*25*	*20*	*20*	*23*	*23*	*18*	*14*
45— ...	*12*	*17*	*24*	*19*	*17*	*13*	*8*	*6*
55— ...	*4*	*8*	*15*	*15*	*7*	*5*	*2*	*1*
65 and over	*2*	*9*	*10*	*16*	*2*	*2*	*0*	*1*
All ages (=100%)...	415	336	550	903	1,236	1,862	1,050	521

[1]Plus anxiety state and phobic states

Table 4.11 *Diagnosis, by social class, in male new in-patients: expressed as percentage of the proportion in all male new in-patients*

Social class	Schizophrenia	Manic-depression	Neurotic[1] depression	Personality disorder	Alcoholism and drug addiction	All diagnoses
I	*89*	*128*	*101*	*107*	*146*	*100*
II	*69*	*143*	*125*	*82*	*125*	*100*
III	*101*	*80*	*110*	*93*	*72*	*100*
IV	*99*	*80*	*87*	*120*	*118*	*100*
V	*155*	*52*	*48*	*124*	*82*	*100*
Total[2] patients	179	253	178	177	110	1,193

[1]Plus anxiety and phobic states

[2]Social class not known in 12 patients

Table 4.12 *Diagnosis, by number of previous discharges from the hospital (either in-patient or out-patient): percentage of cases in various diagnostic groups, sexes together*

Diagnosis	Number of previous discharges None	1 or 2	3 or more
Schizophrenia	*7*	*10*	*15*
Manic-depressive psychosis	*13*	*22*	*27*
Epilepsy	*1*	*5*	*7*
Other neurosis	*8*	*6*	*7*
Neurotic depression[1]	*31*	*30*	*25*
Personality disorder...	*20*	*15*	*11*
Alcoholism or drug addiction	*7*	*5*	*3*
Total discharges (=100%)	8,038	2,458	1,213

[1]Plus anxiety state and phobic states

CHAPTER FIVE

CHILDREN

The Children's Department was described in the Report for 1955-57 (page 58). The in-patient wards at Bethlem Hospital constitute the adolescent unit, described in the Report for 1961-63 (page 40). The wards at the Maudsley Hospital are for younger children. The Children's Out-patient Department is at the Maudsley Hospital but, although a division is maintained here between adolescents and younger children, these groups cannot be separated in the statistical analysis of out-patients presented here.

In the present chapter, the figures for in-patients accurately represent the activities of the Children's In-patient Department. The same cannot be said for the out-patient figures. Thus the total number of new out-patients seen during the triennium 1964-66 was about 1,040 (the total number of new children dealt with was 1,295, of whom about 260 were in-patients); but the total number of first-ever discharges was only 639, and a similar discrepancy has occurred in previous triennia (see Report for 1955-57, page 59). The discrepancy arises partly, perhaps largely, from the fact that out-patients are often not formally discharged for many years after their first attendance and that when their cases are eventually closed, the front-page of the record is likely to be too out of date for card-punching to be practicable. In 1961 an attempt was made to deal with this problem by instituting the category of "discharged to surveillance" so that data on out-patients would be punched whenever a next out-patient appointment was for a date six months or more ahead. But this attempt has not proved successful.

In spite of this shortcoming, out-patient figures are given once again in the Report, as it is reasonable to suppose that the proportions in various categories and the presence of any trend for the triennia will still be usefully reflected in them. But the figures themselves probably represent only about two-thirds of the numbers of cases actually dealt with in the Out-patient Department. This is a pity, as the Tables contain the only available information of its kind in the United Kingdom.

Commentary on the Tables

Table 5.1: Numbers of children in five triennia.

The number of in-patients has fallen appreciably in the present triennium, although the average number of available beds increased from 56 to 60 (see Table 1.2). This fall in numbers is reflected in the increased median duration of stay (Table 5.12).

TABLE 5.3: Age.

The median age of the adolescent in-patients at Bethlem is about five years greater than the children at the Maudsley. For out-patients, these two groups are indicated by the two age peaks—at 8-10 years and at 14-15 years. A median age for all out-patients is therefore not appropriate.

TABLE 5.4: Religion.

As for adults, the proportion of children recorded as belonging to the Church of England has been diminishing over the triennia and the proportion recorded as Roman Catholic has been increasing.

TABLE 5.10: Referring agencies for out-patients.

The proportion of cases referred from the Probation Service has decreased over the past four triennia and the same is true of spontaneous referrals. But the proportion referred from Child Guidance Clinics has increased.

TABLES 5.11 and 5.12: Duration of in-patient stay.

There has been a steady increase in the median duration of in-patient stay for boys. As in previous triennia, the median stay for boys (5.4 months) was greater than for girls (3.9 months). For in-patient children as a whole, the median stay was the longest in any triennium so far.

TABLE 5.14: Special treatments (in-patients).

The numbers and proportions of adolescent patients given drug therapy (phenothiazine or anti-depressive drugs) has increased, but this is not so for the younger in-patients at the Maudsley Hospital. But numbers of adolescent cases in which social case work was done on the parents decreased notably (from 60 in 1961-63 to 15 in the present triennium).

TABLE 5.15: Outcome of treatment.

The proportion of in-patients whose condition was unchanged or worse at discharge was 20% in the present triennium compared with 28% in the previous one. The corresponding proportions discharged as recovered or much improved were 35% and 30%. But there has been no particular trend in these proportions for six triennia (contrast the adult figures). The higher proportion of Maudsley patients, compared with Bethlem, discharged as unchanged or worse is probably due to the higher proportion there of children with intractable organic and psychotic disorders.

Death by suicide occurred in one female adolescent in-patient and one male out-patient. There were no other deaths.

TABLES 5.17 and 5.18: Lapses in treatment.

The continued high rate of lapsed attendance among out-patients probably reflects the fact (as in the follow-up clinic for adults) that it is not the custom to discharge out-patients quickly but instead to continue offering appointments for many years.

Examination of the out-patient lapse rate by age again shows a highest rate in the youngest age group (see Report for 1961-63, Table 5.28). Table 5.18 shows the out-patient lapse rate to be highest in the lowest social classes.

TABLE 5.20: Country of birth.

Compared with the previous triennium, a larger proportion of parents in the present triennium were foreign-born. The increase comes almost entirely from the West Indies; in 1961-63 there were 10 fathers and 8 mothers born in the West Indies, in 1964-66 there were 47 and 42.

Table 5.1 *Numbers of patients and discharges for the past five triennia (children)*

Status	52–54	55–57	58–60	61–63	64–66
Hospital patients	*	1,193	1,153	1,098	941
In-patients	300	323	320	314	276
Out-patients	846	888	840	784	667
Total Discharges	1,260[1]	1,258	1,181	1,111	1,052
In-patients discharges ...	313	345	331	323	286
Out-patient discharges ...	947[1]	913	850	788	766

*Figure not extracted

[1]Not strictly comparable with later triennia.

Table 5.2 *Children's in-patient discharges, by hospital and year*

Year	MAUDSLEY			BETHLEM[1]		
	Male	Female	Total	Male	Female	Total
1964	26	17	43	30	35	65
1965	20	12	32	23	36	59
1966	24	9	33	26	28	54
1964-66	70	38	108	79	99	178

[1]Adolescent unit

Table 5.3 *Age (on admission) of in-patients and out-patients*

Age (years)	In-patients				Out-patients	
	Maudsley		Bethlem[1]			
	M	F	M	F	M	F
Less than 3	1	1			4	4
3—	7	2			27	5
5—	20	8			39	29
8—	11	11	1	—	44	25
10—	7	6	1	—	36	14
11—	10	5	3	2	32	9
12—	7	3	4	15	45	29
13—	4	—	24	26	49	33
14—	1	1	18	28	56	44
15—			15	19	44	51
16 and over ...			11	4	25	23
All ages	68	37	77	94	401	266
Median age ...	9.1	9.4	14.3	14.1	—	—

[1]Adolescent unit

Table 5.4 *Religious upbringing.*—941 *hospital children*

Religion	Boys	Girls	Children, % of known			
			64–66	61–63	58–60	55–57
Church of England ...	366	271	*71*	*75*	*74*	*77*
Roman Catholic ...	94	55	*16*	*13*	*14*	*13*
Nonconformist ...	22	17	*4*	*6*	*6*	*5*
Jewish	9	12	*2*	*2*	*3*	*2*
Other...	18	18	*4*	*2*	*2*	*2*
None	13	11	*3*	*2*	*1*	*1*
Total known ...	522	384	*100*	*100*	*100*	*100*
Not known	22	13	(*4*)	(*9*)	(*8*)	(*6*)
Total children ...	544	397				

Table 5.5 Social class of parents.—276 in-patient children and 667 out-patient children (sexes together)

Social class	In-patients		Out-patients		Greater London
	No.	% of known	No.	% of known	1961[1]
I	19	*8*	36	*6*	3.7
II	50	*20*	100	*17*	9.1
III	125	*49*	315	*53*	56.5
IV	38	*15*	83	*14*	16.3
V	21	*8*	60	*10*	14.4
Total known ...	253	*100*	594	*100*	100.0
Not known ...	23	*(9)*	73	*(12)*	
Total children ...	276		667		

[1] Occupied males, census 1961

Table 5.6 Marital status of mother.—941 hospital children

Marital status	Boys	Girls	Children, % of known 64–66	61–63	58–60
Single	8	10	*2*	*3*	*3*
Married:					
Not separated	438	308	*82*	*84*	*85*
Separated	39	22	*7*	*6*	*5*
Divorced	18	6	*3*	*4*	*3*
Widowed	30	23	*6*	*3*	*4*
Total known	533	369	*100*	*100*	*100*
Not known	11	28	*(4)*	*(2)*	*(4)*
Total children	544	397			

Table 5.7 Twins.—941 hospital children

	Boys	Girls	Children, % of known 64–66	61–63	58–60
Patients with a twin of					
Same sex	11	3			
Opposite sex	3	1	*2.0*	*1.6*	*2.1*
Sex not known	1	—			
Not known if twin	4	4	*(0.8)*	*(1.6)*	*(1.1)*

Table 5.8 *Cared for by foster-parents or in an institution (at time of first admission during the triennium).—276 in-patient children and* 667 *out-patient children.*

Cared for	Boys	Girls	Children, %		
			64–66	61–63	58–60
In-patients					
by foster-parents	3	2			
in institution...	11	12	*11.2*	*8.6*	*16.5*
other	3	—			
Total children	145	131			
Out-patients					
by foster-parents	1	11			
in institution...	20	17	*9.8*	*11.0*	*11.3*
other	8	8			
Total children	401	266			

Table 5.9 *Referring agencies for in-patient children.—286 in-patient discharges*

Referring agency	Maudsley		Bethlem[1]		Totals, % of discharges		
	M	F	M	F	64-66	61-63	58-60
Out-patient department ...	39	21	49	62	*60*	*51*	*53*
Child guidance unit... ...	13	7	12	17	*17*	*23*	*13*
Psychiatric unit of general hospital	3	4	5	4	*6*	*6*	*11*
Local education authority ...	1	—	—	—	*0*	*3*	*4*
Non-psychiatric unit of general hospital	3	3	1	—	*2*	*2*	*5*
General practitioner ...	2	—	2	4	*3*		
Psychiatric hospital... ...	1	—	4	1	*2*	*7*	*6*
Probation service	—	—	2	3	*2*		
Others	8	3	4	8	*8*	*8*	*8*
Total discharges	70	38	79	99	*100*	*100*	*100*

[1]Adolescent unit

Table 5.10 *Referring agencies for out-patient children.*—766 *out-patient discharges*

Referring agency	Boy	Girl	Totals, % of discharges			
			64-66	61-63	58-60	55- 57
General practitioners	182	141	*42*	*42*	*40*	*37*
Probation service	65	20	*11*	*15*	*17*	*17*
GLC's Children's Committee ...	53	50	*13*	*8*	*9*	*12*
Child guidance unit	58	47	*14*	*12*	*9*	*8*
Non-psychiatric unit of general hospital	14	9	*3*	*3*	*3*	*6*
Parents and spontaneous	10	6	*2*	*5*	*6*	*7*
Psychiatric unit of general hospital	17	8	*3*	*5*	*4*	*4*
Local education authority (other than GLC)	21	17	*5*	*5*	*4*	*3*
Others	30	18	*7*	*5*	*8*	*6*
Total discharges	450	316	*100*	*100*	*100*	*100*

Table 5.11 *Duration of in-patient stay* (*children*).—286 *in-patient discharges*

Duration of stay	Maudsley		Bethlem[1]		Totals, % of discharges		
	M	F	M	F	64–66	61–63	58–60
Less than 1 week ...	1	4	0	7			
1 week—	1	1	3	3			
2 weeks—	4	3	3	2	*17*	*22*	*16*
3 weeks—	5	2	3	6			
1 month—	8	3	5	10			
2 months— ...	10	2	7	11	*20*	*20*	*24*
3 months—	5	5	5	12			
4 months—	8	3	12	20	*24*	*22*	
6 months—	17	5	24	14	*28*	*26*	*51*
9 months—	7	3	4	7			
1 year	2	5	5	5	*11*	*10*	*9*
1½ years	2	2	8	2			
Total discharges ...	70	38	79	99	*100*	*100*	*100*
Median stay (months)	4.3	3.8	6.2	3.9	4.6	3.9	4.0

[1]Adolescent unit

Table 5.12 *Median duration of in-patient stay, by triennia.—in-patient discharges*

	Median duration (months)					
	49–51	52–54	55–57	58–60	61–63	64–66
Boys	3.2	3.9	3.7	4.4	4.9	5.4
Girls ...	2.4	4.4	3.6	3.8	3.3	3.9
Children ...	2.8	4.1	3.7	4.0	3.9	4.6

Table 5.13 *Number of out-patient attendances (children).—766 out-patient discharges*

Number of attendances	Boy	Girl	Totals, %			
			64–66	61–63	58–60	55–57
1	161	145	*40*	*38*	*36*	*34*
2	56	35				
3	23	16	*21*	*19*	*19*	*19*
4	18	12				
5—	74	56	*17*			
11—	45	22	*14*	*29*	*33*	*34*
16—	31	10				
21—	15	7				
26—	24	8				
51—	2	3	*8*	*14*	*12*	*13*
76—	—	2				
Over 100	1	—				
Total discharges ...	450	316	*100*	*100*	*100*	*100*

Table 5.14 *Special treatments in in-patients (children).—286 in-patient discharges*

Treatment	Maudsley		Bethlem[1]	
	M	F	M	F
E.C.T.			2	3
Behaviour therapy			4	3
Anti-depressant drug	2	1	12	16
Phenothiazine	6	8	23	30
Individual psychotherapy ...	2	—	6	12
Other forms of psychotherapy	22	17	10	14
Environmental adjustment ...	21	10	11	18
Social case work with parents...	30	16	5	10
Educational adjustment ...	14	3	5	8
Special coaching at hospital ...	22	9	6	9
Supportive	9	6	23	23
No special treatment	9	7	—	7
Total discharges	70	38	79	99

[1]Adolescent unit

Table 5.15 *Outcome of treatment (children).—286 in-patient and 766 out-patient discharges*

Outcome on discharge	In-patient, %				Out-patient % of cases applicable	
	Maudsley		Bethlem[1]			
	M	F	M	F	M	F
Recovered	*4*	*8*	*10*	*6*	*9*	*9*
Much improved ...	*23*	*21*	*33*	*30*	*22*	*29*
Improved	*29*	*18*	*27*	*26*	*31*	*32*
Slightly improved ...	*23*	*24*	*14*	*19*	*14*	*7*
No change ...	*21*	*29*	*15*	*18*	*22*	*22*
Worse			*1*	—	*2*	*1*
Suicide			—	*1*	*	
Other death						
Total	*100*	*100*	*100*	*100*	*110*	*100*
Not applicable ...	—	—	—	—	(*80*)	(*100*)
Total discharges ...	70	38	79	99	450	360

[1]Adolescent unit

*One male out-patient case of suicide

Table 5.16 *Disposal of in-patient and out-patient cases (children).—286 in-patient and 766 out-patient discharges*

Disposal	In-patient				Out-patient	
	Maudsley		Bethlem[1]			
	M	F	M	F	M	F
To general practitioner	7	2	11	6	179	138
To Education authority, ... Care Committee. ... ... Child Guidance Unit	24	10	17	34	125	78
Further treatment or supervision at the hospital						
Out-patient supervision	28	15	36	30		
Out-patient psychotherapy ...	1	—	—	1		
Clinic for epilepsies	—	—	—	—		
Residential observation or treatment						
Psychiatric unit or hospital ...	3	2	4	3	5	2
Foster-home, residential school, etc.	3	2	2	6	8	4
Other						
Outside psychiatrist	4	6	6	16	41	28
Other[2]	—	1	3	3	92	66
Total discharges	70	38	79	99	450	316

[1]Adolescent unit

[2]Includes lapses in attendances

Table 5.17 *Lapses in treatment (children).—286 in-patient and 766 out-patient discharges*

Mode of leaving	% of discharges		Totals, % of discharges			
	M	F	64–66	61–63	58–60	55–57
In-patients: left against advice						
Maudsley ...	*4*	*18*	*9*	*6*	*9*	*
Bethlem[1] ...	*15*	*13*	*14*	*17*		
Out-patients: lapsed in attendance	*20*	*24*	*22*	*25*	*24*	*22*

[1]Adolescent unit

*Figure not extracted

Table 5.18 *Lapses in attendance, by social class of parent.*—766 *out-patient discharges*

Social class	% lapsed M	% lapsed F
I+II	*14*	*13*
III	*21*	*26*
IV+V	*23*	*27*
S.C. not known[1]	*(23)*	*(21)*
Total discharges	450	316

[1]Social class not known in 43 of 450 male and 39 of 315 female out-patient discharges

Table 5.19 *Diagnosis in in-patients and out-patients (children).*—276 *in-patient and* 667 *out-patients*

Diagnosis group	In-patients				Out-patients	
	Maudsley		Bethlem			
	M	F	M	F	M	F
Physical handicap or ill-health ...	1	1	1	—	4	7
Intellectual handicap	7	3	1	7	36	27
Personality variant...	4	—	5	5	10	9
Primary habit disorder	6	3	3	3	21	10
Secondary habit disorder	17	9	19	24	200	119
Motor disorder	—	2	5	1	4	2
Education or work disturbance ...	1	1	6	4	20	14
Other functional symptoms ...	1	—	—	1	5	6
Psychoneurotic disorder	10	8	22	36	57	53
Psychosomatic disorder	—	—	—	1	3	—
Organic brain damage syndrome...	7	1	3	1	5	5
Psychotic disorder	14	9	12	11	36	14
Total patients	68	37	77	94	401	266

Table 5.20 Country of birth of children's parents.—941 hospital children

Country of birth	Father		Mother	
	No.	% of known	No.	% of known
England and Wales	627	*79*	662	*82*
Scotland and N. Ireland	25	*3*	18	*2*
Eire	25	*3*	*35*	*4*
West Indies	47		42	
West African Commonwealth	4	*7*	2	*6*
Australia Commonwealth, Canada	3		3	
Hungary, Czechoslovakia, Poland	16	*4*	5	*4*
Other European country	17		27	
Other African country	2		2	
Asia	13	*4*	6	*2*
Other	15		11	
Total known	794	*100*	813	*100*
Not known	147	(*18*)	128	(*16*)
Total children	941		941	

Table 5.21—Staffing at Brixton Child Guidance Clinic

Staff at 31st December	1964	1965	1966
Number of weekly sessions by			
Senior psychiatrists	13	13	12
Junior psychiatrists	30	30	40
Psychiatric social workers	20	33	44
Educational psychologists	20	22	26

Table 5.22 Case statistics at Brixton Child Guidance Clinic

	1964	1965	1966
New cases taken on for treatment	191	183	184
Average number of "open cases" under treatment at end of each month	141	129	133
Cases closed during the year	235	191	165
Cases on waiting list on 31st December	50	60	94

CHAPTER SIX

DAY PATIENTS AND DOMICILIARY VISITS

A. Day Patients

Most of the day-patients are also classed as out-patients since most attend the out-patient department either before referral to, or after discharge from, the day-wards. Their cases are therefore included in the statistics of the out-patients in Chapters II-IV. The present section deals specifically with the day-patients.

During the triennium, 434 patients were discharged from the two day-wards. The number of discharges was 540, giving a re-discharge rate of 24 per cent. The number of new day-patients (*i.e.*, not discharged from a day-ward during any previous triennium) was 354, *i.e.*, 80% of all discharged day-patients (Table 6.2). Of the 434 day-patients, 47% had previously been treated elsewhere and, as Table 6.12 shows, 25% had had at least one spell of in-patient care at the hospital, and 32% at least one of out-patient care, in previous triennia. The number of day-patients in the present triennium was very much the same as in 1961-63, when it was 429.

The tables illustrate the different ways in which the day-wards at the Maudsley and at Bethlem hospital have developed. The Maudsley day-ward has a greater proportion of males and of young patients (Table 6.3), of unmarried patients (Table 6.5), of the lower social classes (Table 6.4), and of patients with schizophrenia and personality disorder (Table 6.11). The much longer waiting time for admission to the Maudsley day-ward (Table 6.7) reflects the longer duration of stay there (Table 6.8) and also the greater number of applications for admission—there is always a waiting list there but never at the Bethlem day-ward. All this might seem to stem from the fact that the Maudsley hospital is in a thickly-populated working-class part of South London, while the Bethlem is in a suburban residential district. Yet, in addition, the type of case treated at the Maudsley day-ward has changed over the years: the male-female ratio has steadily increased from 0.18 in 1955-57 to 0.87 in the present triennium, whereas the corresponding ratio at Bethlem has remained at about 0.6. The present position, in summary, is that the Maudsley day-ward is increasingly tending to take young patients with schizophrenia and personality disorder while the Bethlem day-ward continues to treat the depressed middle-aged married woman.

Table 6.6 shows that the proportion of day-patients referred from other hospital departments is diminishing and from general practitioners has increased.

Table 6.9 shows that the proportion of patients receiving E.C.T., phenothiazines or anti-depressive drugs has not changed from the previous triennia though a somewhat larger proportion received

other special drugs, probably the benzodiazepines and the butyrophenones. The diagnostic distribution of day-patients (Table 6.11) is similar to that of in-patients (Table 4.3).

The proportion of patients lapsing in attendance, *i.e.*, discharging themselves against advice, was 7% for males and 9% for females—lower than for in-patients or out-patients. 38 patients (7%) were admitted directly from the day-wards to the in-patient department, and a further 19 were admitted to in-patient departments elsewhere; this accounts for the relatively high proportion of patients described as "worse" on discharge (Table 6.10). Five patients (2 male, 3 female) —all from the Maudsley day-ward—committed suicide, the numbers in the two previous triennia being three and two.

B. Domiciliary Visits

Table 6.13 gives the number of domiciliary visits made by the hospital physicians at the request of general practitioners. The continued decrease since 1955-57 reflects the increasing use made by practitioners of the Hospitals Emergency Clinic (see Report for 1961-63, page 66).

It might have been anticipated that, as the number of domiciliary visits decreased, they would increasingly be made to older and more acutely ill patients. Yet in fact the proportion of younger patients has increased over the triennia (Table 6.14), fewer patients have been referred to the hospital departments and more recommended for home treatment (Table 6.16), and the proportion of cases diagnosed as personality disorder has increased (Table 6.17).

Table 6.1 *Number of day-patients and discharges, by hospital and year*

Year	Discharges							Total patients
	Maudsley Day-hospital			Bethlem Day-hospital			Total discharges	
	M	F	P	M	F	P		
1964	45	53	98	27	63	90	188	171
1965	46	50	96	25	61	86	182	152
1966	43	51	94	27	49	76	170	111
1964-66 ...	134	154	288	79	173	252	540	434
1961-63 ...	89	163	252	97	155	252	504	429
1958-60 ...	94	216	310	110	185	295	605	522
1955-57[1] ...	42	231	273	33	70	103	376	354

[1]For Bethlem, only the years 1956-57

Table 6.2 Number of new day-patients, by hospital and year.—354 new day-patients

Year	Maudsley			Bethlem		
	M	F	P	M	F	P
1964	33	33	36	14	42	56
1965	41	34	75	12	42	54
1966	28	29	57	17	29	46
1964-66	102	96	198	43	113	156

Table 6.3 Age of day-patients, by hospital.—354 new day-patients

Age	Maudsley		Bethlem	
	M	F	M	F
Under 25	21	16	8	10
25—	21	28	16	19
35—	31	27	8	38
45—	14	13	7	25
55—	12	8	2	13
65 and over	3	4	2	8
All ages	102	96	43	113

Table 6.4 Social class of day-patients, by hospital.—354 new day-patients

Social class	Maudsley % of known		Bethlem % of known	
	M	F	M	F
I	*1*	*3*	*5*	*10*
II	*6*	*9*	*28*	*27*
III	*30*	*56*	*42*	*49*
IV	*24*	*18*	*7*	*7*
V	*39*	*14*	*18*	*7*
Total known...	*100*	*100*	*100*	*100*
Not known	*(2)*	*(10)*	*(0)*	*(11)*
Total patients	102	96	43	113

Table 6.5 *Marital status of day-patients, by hospital.*—354 *new day-patients*

Marital status	Maudsley M	Maudsley F	Bethlem M	Bethlem F	Persons, % 64-66	61-63	58-60	55-57
Single	54	28	22	29	*38*	*28*	*25*	*20*
Married:								
not separated ...	37	51	17	70	*54*	*65*	*68*	*63*
separated	7	7	—	4				
Divorced	3	2	2	1	*6*	*2*	*1*	*7*
Widowed	1	8	2	9	*2*	*5*	*6*	*10*
Total	102	96	43	113	*100*	*100*	*100*	*100*

Table 6.6 *Referring agencies.*—540 *day-patient discharges*

Referring agency	Males	Females	Totals, % 64–66	61–63	58–60	55–57
Out-patient department	160	216	*70*	*76*	*81*	*87*
In-patient department	13	21	*6*	*9*	*7*	*4*
Psychiatric department of general hospital...	7	18	*5*	*7*	*5*	*
Domiciliary visit ...	7	7	*3*	*2*	*2*	*4*
General practitioner ...	12	44	*10*	*1*	*1*	*2*
Other	14	21	*6*	*5*	*4*	*3*
Total discharges ...	213	327	*100*	*100*	*100*	*100*

*Figure included with Other

Table 6.7 *Waiting times for admission of day-patients*

Waiting time	Cases, % of known: Maudsley	Bethlem
—3 days	*39*	*74*
—1 week	*18*	*18*
—2 weeks	*9*	*6*
—1 month	*16*	*2*
—2 months	*7*	—
2 months or more	*11*	—
Total known	*100*	*100*
NK or NA	*(18)*	*(17)*
Total discharges	288	252

Table 6.8 Duration of stay of day-patients.—540 day-patient discharges

Duration of stay	Maudsley		Bethlem		All day-patients		
	Nos.	%	Nos.	%	64–66	61–63	58–60
Less than 2 weeks ...	15	*18*	34	*23*	*21*	*20*	*22*
2 weeks—	38		25				
1 month—	46	*33*	*64*	*44*	*38*	*34*	*42*
2 months—	50		46				
3 months—	30	*25*	24	*23*	*24*	*27*	*32*
4 months—	43		33				
6 months—	36	*18*	*15*	*8*	*13*	*16*	
9 months—	15		5				
More than 1 year ...	15	*6*	6	*2*	*4*	*3*	*4*
Total discharges ...	288	*100*	252	*100*	*100*	*100*	*100*
Median stay (months)	2.8		2.1		2.5	2.7	2.3

Table 6.9 Special treatments of day-patients.—540 day-patient discharges

Treatment	Male	Female	Total, % of discharges 64–66	61–63	58–60
E.C.T.	41	64	*19*	*19*	*35*
Modified insulin	1	1	*0*	*0*	*2*
Behaviour therapy	—	4	*1*		
Special drugs:					
Phenothiazine	92	123	*40*	*39*	*45*
Anti-depressive	105	170	*51*	*54*	
Other...	64	96	*30*	*17*	
Psychotherapy (individual or group)	49	99	*27*	*14*	*22*
Total discharges	213	327			

Table 6.10 *Outcome of day-patient treatment.—540 day-patient discharges, sexes together*

Outcome on discharge	Per cent of discharges				
	Maudsley	Bethlem	Total		
			64–66	61–63	58–60
Recovered ...	*10*	*10*	*35*	*39*	*39*
Much improved ...	*22*	*28*			
Improved	*26*	*24*	*38*	*30*	*31*
Slightly improved	*14*	*12*			
No change ...	*20*	*18*			
Worse	*6*	*8*	*27*	*31*	*30*
Suicide	*2*	—			
Other death ...	—	—			
Total discharges (=100%) ...	288	252	540	504	605

Table 6.11 *Diagnosis of day-patients.—354 new day-patients*

Diagnosis	Maudsley			Bethlem			Total patients % 1964–66
	M	F	P%	M	F	P%	
Psychosis	**50**	**44**	*47*	**20**	**52**	*46*	*47*
Schizophrenia	25	17	*21*	6	9	*10*	*16*
Manic-depression ...	20	27	*24*	*14*	*41*	*35*	*29*
Other	5	—		—	2		
Neurosis	**25**	**36**	*31*	**15**	**51**	*42*	*36*
Anxiety...	1	3		3	4		
Hysteria	—	1		—	2		
Phobic	1	6		—	4		
Obsessional	4	1		1	6		
Depressive	17	25	*21*	9	31	*26*	*23*
Other	2	—		2	4		
Personality disorder, etc....	**20**	**10**	*15*	**6**	**7**	*9*	*12*
Miscellaneous	**7**	**6**	*7*	**2**	**3**	*3*	*5*
Total new patients (=100%)	102	96	*100*	43	113	*100*	*100*

Table 6.12 *Discharge of day-patients in previous triennia.*—435 *day-patients, sexes together*

Previous discharge from:	Previous discharge			
	At least once, %		More than once, %	
	Maudsley	Bethlem	Maudsley	Bethlem
Day-ward	*17*	*23*	*3*	*7*
In-patient department... ...	*22*	*29*	*8*	*13*
Out-patient department ...	*37*	*28*	*18*	*14*
Total patients (=100%) ...	236	200	236	200

Table 6.13 *Domiciliary visits*

	Triennium						
	1955-57	1958-60	1961-63	1964-66	1964	1964	1966
Male ...	374	294	177	100	47	36	17
Female ...	904	706	420	260	95	98	67
Total ...	1,278	1,000	597	360	142	134	84

Table 6.14 *Age of cases seen at domiciliary visits*

Age	Male	Female	Total, %		
			64–66	61–63	58–60
Under 25	21	39	*17*	*12*	*11*
25—	7	48	*15*	*15*	*16*
35—	12	37	*14*	*21*	*18*
45—	25	45	*19*	*15*	*17*
55—	15	53	*19*	*18*	*15*
65—	12	25	*10*	*11*	*12*
75 and over ...	8	13	*6*	*8*	*11*
All ages	100	260	*100*	*100*	*100*

Table 6.15 *Marital status of cases seen at domiciliary visits*

Marital status	Male %	Female %	Total, %	
			64–66	61–63
Single	*30*	*27*	*28*	*28*
Married	*61*	*52*	*54*	*527*
Divorced or separated... ...	*1*	*8*	*6*	*2*
Widowed	*8*	*13*	*12*	*13*
Total cases (=100%)	100	260	360	597

Table 6.16 *Recommended disposal of cases seen at domiciliary visits*

Disposal	Male	Female	Totals, %		
			64–66	61–63	58–60
In-patient (at B-M) ...	22	68	*25*	*25*	*31*
Out-patient (at B-M) ...	8	15	*6*	*11*	*15*
Day-patient (at B-M) ...	8	9	*5*	*3*	*3*
Emergency ward	8	27	*10*	*6*	*7*
Mental hospital	7	15	*6*	*7*	*11*
Home treatment	45	113	*44*	*41*	*27*
Other	2	13	*4*	*7*	*6*
Total	100	260	*100*	*100*	*100*

Table 6.17 *Diagnosis of cases seen at domiciliary visits*

Diagnosis	Male	Female	Totals, %		
			64–66	61–63	58–60
Psychoses	**40**	**119**	**44**	**43**	**48**
Schizophrenia ...	9	37			
Manic-depression ...	19	58			
Senile, etc.	6	12			
Other	12	12			
Neuroses	**33**	**95**	**36**	**42**	**36**
Anxiety	8	17			
Hysteria	1	11			
Phobic	1	6			
Obsessional	1	—			
Depressive	21	59			
Other	1	2			
Personality disorder ...	**22**	**30**	**14**	**10**	**9**
Pathological and immature	10	20			
Alcoholism and drug addiction	4	2			
Other...	8	8			
Miscellaneous	**5**	**16**	**6**	**5**	**7**
Total	100	260	*100*	*100*	*100*

CHAPTER SEVEN

SPECIAL CLINICS

A. Out-Patient Department of Psychotherapy

BY H. H. WOLFF

During the last five years there has been a considerable increase in the activities of the Out-patient Department of Psychotherapy. It therefore seemed appropriate to include a brief account of the work done in the department in this report. Further statistical data giving more detailed information on treatment will be available for the next Triennial Report from punch-card analysis of data now being collected.

The department consists of four part-time consultants with a total number of 18 sessions between them, one senior registrar, three registrars, and one full-time secretary. Its functions can be considered under two main headings: Clinical Service and Teaching.

1. Clinical Service

The majority of referrals come from other consultants of the joint hospitals, although we have accepted a small, but increasing, number of outside referrals (see Table 7.1). Our policy has been to give priority to patients referred to us from within the hospital, on account of the great demand for formal psychotherapy for patients already attending the joint hospitals. Most of the patients were out-patients when first seen in the department but some started psychotherapy while they were in-patients and continued after their discharge.

Table 7.1 gives the number of referrals during 1962-66. It will be seen that the number has increased steadily from 1962 to 1965. The drop in 1966 was due to the fact that owing to shortage of treatment vacancies we temporarily had to close the waiting list for new referrals.

Table 7.1 *Number of patients referred to the Out-patient Department of Psychotherapy*

Year	Total referrals	Outside referrals
1962 ...	167	0
1963 ...	215	9
1964 ...	239	8
1965 ...	304	19
1966 ...	245	34

Table 7.2 shows the number of patients in psychotherapy each year, divided into individual and group psychotherapy. It shows that the total number of patients in treatment and the numbers of patients in individual and group psychotherapy have increased almost threefold between 1962 and 1966.

Table 7.2 Number of patients receiving psychotherapy

Patients in treatment during the year	1962	1963	1964	1965	1966
Individual (once or twice weekly)	45	65	88	120	116
In groups (once weekly) ...	35	70	92	110	108
(Number of groups) ...	(5)	(10)	(12)	(15)	(16)
Total patients	80	135	180	230	224

We are grateful to Dr. Lorna Wing of the M.R.C. Social Psychiatry Research Unit, who carried out a detailed statistical study of patients attending the department in 1965, for allowing us to quote the following information.

2.8% of patients who began a period of contact in the Out-patient Departments of the Bethlem Royal and Maudsley Hospitals in 1965 were referred for psychotherapy. As is to be expected, the proportions of young people, of people in non-manual occupations, and of patients with sexual disorders and personality disorders referred to the department were higher than the equivalent proportions of the general out-patient population. We have also been very aware of the fact that selection of patients prior to referral to the Out-patient Department of Psychotherapy is such that the majority of the patients are referred to us after they have failed to respond to simpler forms of psychotherapy and physical methods of treatment. The department therefore has to deal with a highly selected group of seriously disturbed psycho-neurotic patients, borderline psychotics, and patients with schizoid personalities, many of whom have a poor prognosis even with skilled, intensive and long-term treatment. Owing to the increasing number of referrals and the fact that many of them need long-term therapy, the waiting list for assessment has risen from an average of six weeks in 1963 to almost ten weeks in 1966, and the average interval between being accepted for treatment and being offered a treatment vacancy has risen from two months to four months.

Pending the collection of more detailed information concerning the fate of patients referred to the department, the following data taken from a study of 100 consecutive referrals between July 1963 and January 1964 are of interest.*

*A Bentovim (1965): Dissertation for the Academic D.P.M. (London University): "The prognosis of perserverance in an out-patient population referred for psychotherapy, with special reference to the factors that effect motivation for treatment."

Of this sample of 100 patients referred to the department 89 attended for an assessment interview. Nine patients failed to attend and two were withdrawn by the referring psychiatrist while waiting to be seen. 84 out of the 89 patients were accepted for psychotherapy and their names put on the waiting list. 68 patients actually started treatment, 32 individually, 36 in groups, the remaining 16 having turned down the offer of treatment. Of these 68 patients 47 (68%) were still in treatment six months, and 25 (36%) one year, after the beginning of psychotherapy. By that time a higher proportion of patients were left in group than in individual treatment, which was partly due to the fact that during the second six months of therapy several patients were transferred from individual to group psychotherapy, often by the same therapist.

2. Teaching

Apart from providing experience in individual and group psychotherapy for our own junior staff, who carry a high proportion of the case load, the department considers it to be one of its main functions to teach psychopathology and formal psychotherapy to the post-graduate students. We have therefore offered facilities for supervision of patients having individual and group psychotherapy to all members of the junior staff at the joint hospitals as part of their training. At the present time, two-thirds of all the junior staff in training are treating patients in individual or group psychotherapy or both under the regular supervision of the consultant staff of the department. In fact, it is only because so many registrars not actually attached to the department have volunteered to take on patients for long-term psychotherapy, often after ordinary working hours, that it has been possible to increase the number of patients in treatment during the last few years. Supervision is mostly done weekly in supervision groups. The number of such groups is naturally limited by the amount of consultants' time available.

3. Future Development

It will be clear from this report that there has been a considerable increase in the amount of psychotherapy and in the amount of teaching the department provides. It is hoped that in several respects further developments will take place. Firstly, we have nearly reached the maximum we can provide where clinical work and teaching are concerned, although the demands for more psychotherapeutic facilities and for more teaching of psychopathology and supervision of psychotherapy are steadily increasing. An increase in staff is essential if these needs are to be met and to make more time available for research into psychotherapy. The other issue concerns the type of patients referred to the department. The preponderance of long-standing, seriously disturbed psycho-neurotic and borderline psychotic patients and of personality dosorders referred makes the selection of suitable patients for treatment by post-graduate students

under supervision very difficult. Patients with these disorders are less likely to benefit from the limited forms of psychotherapy available in the department than patients with less severe and less chronic conditions. It is hoped that a wider selection of patients, including a higher proportion suitable for shorter forms of psychotherapy, will be referred to the department in future.

B. The Forensic Unit

BY P. D. SCOTT

1. Clinical Services

In the *Adult Out-patients' Department* there is a clinic for problems of forensic psychiatry; most of the patients are referred from magistrates' courts or from probation officers. The numbers of new cases examined in this clinic in the three years 1964-66 were 107, 119 and 118 respectively. At times there was a large proportion of failed appointments; this was found to depend upon the length of the waiting list: arrangements have been made to keep a proportion of vacancies for immediate referrals, and this has reduced the number of failed first appointments.

The clinic is supplemented by *two evening clinics* with attendance by the consultant; each registrar and clinical assistant takes a proportion of treatment cases.

A small number of beds is available, always on an informal basis or under Section 4, Criminal Justic Act, 1948 (condition of probation). The diagnoses of 50 consecutive admissions were as follows: sexual perversion 16, personality disorders of adults 12, behaviour disorders of adolescents 5, drug addiction 9, affective illness 5, schizophrenia 2, epilepsy 1. Three of these patients were difficult to handle under open conditions but on the whole the 'forensic' patients were well behaved and are well tolerated in the wards.

In the *Children's Out-patient Department* a clinic is run for problems of juvenile delinquency. In the triennium 166 new cases were subject to in-take conference. Patients requiring treatment are taken on by registrars under the consultant's supervision.

In the *London Remand Home* for boys, the hospital supplies a diagnostic service. The following numbers of reports were provided (Table 7.3).

Table 7.3

	1964	1965	1966
Psychiatric Court Reports	1,115	1,327	1,280
Reports under Part V of the Mental Health Act	9	6	7
Approved School classification reports ...	423	426	476

The psychiatric staff also provide a consultative service to the remand home staff and some cases are seen on bail without admission to the remand home—a service which it is planned to increase. In this service, the corresponding numbers of psychiatric reports for courts and for approved school allocation were:

April 1964—March 1965	328
April 1965—March 1966	378
April 1966—March 1967	375

H.M. Remand Prison, Brixton. A consultant attends weekly for one session per week with the object of making clinical contact with prisoners requiring treatment, in order to continue the treatment after release. During the triennium 96 new cases were so dealt with.

H.M. Hospital Prison at Grendon. A consultant is appointed adviser on treatment problems in the prison and attends monthly for consultations with the medical staff.

2. Teaching

One senior or acting senior registrar, two registrars and a number of clinical assistants are attached to the unit. The highest number has been 9 and the lowest 4. The registrars and assistants usually change every three months. The object is to acquaint these doctors with the manner in which psychiatrists can usefully and effectively play a part in the forensic field. All the clinical services of the unit are available to them. By kind arrangement with the Prison Department, registrars and assistants are seconded to work in the prisons at Brixton, Holloway and Wormwood Scrubs. A programme of weekly visits to penal, reformatory and allied institutions is arranged. The following types of establishment have been visited: prisons (open, remand, central, Grendon), remand centre, girls' and boys' remand homes, approved schools, Borstal, attendance centres, detention centres, hostels, special schools, reception centre, classifying units, alcoholic unit, Rampton and Broadmoor special hospitals, the Henderson hospital, Scotland Yard, juvenile court, magistrates' court, central criminal court. Regular seminars are conducted by the consultant and senior registrar. In this way 49 doctors from 19 different countries have passed through the unit in the three years.

C. The Guy's-Maudsley Neurosurgical Unit

This unit was described in the Report for 1952-54 (page 134). Statistics for the present triennium are shown in Tables 7.4-7.6. The average annual number of leucotomies has not changed from that of the previous triennium, but the number of attendances at the X-ray department from the Bethlem and Maudsley fell by 15%.

Table 7.4 Numbers of patients and operations.—Neurosurgical Unit

	1964	1965	1966
In-patients from			
Guy's Hospital	192	197	179
Bethlem Royal and Maudsley Hospitals ...	41	38	45
King's College Hospital...	112	105	118
Referrals from other sources	254	311	279
Total	599	651	621
Out-patients from			
Guy's Hospital	875	927	865
Maudsley Hospital	393	412	449
Total	1,268	1,339	1,314
Major operations	393	417	408
Minor operations	279	285	289
Total	672	702	697

Table 7.5 Leucotomies and Operations for Epilepsy.—Neurosurgical Unit

	1964	1965	1966
Leucotomy	17	20	20
Operations for temporal lobe epilepsy	11	10	14
Operations for other types of epilepsy	1	—	1
Total	29	30	35

Table 7.6 Attendances at X-Ray Department

Patients from	1964	1965	1966
Neurosurgical Unit	1,249	1,334	1,373
Bethlem Royal and Maudsley Hospitals	1,603	1,750	1,569
Referrals from other sources	174	232	307
Total	3,026	3,316	3,249

CHAPTER EIGHT

GENERAL PRACTITIONER REFERRALS

As in the past two Reports, this chapter deals with the numbers of new adult cases referred by general practitioners to the hospital during the triennium, and with the location of these practitioners.

Of the 9,403 new cases referred to the hospital during 1964-66, 6,495 (69%) were directly from practitioners, 5,363 (57%) being from the London postal area and 4,514 (48%) from the South London postal districts (Table 8.1).

New referrals from practitioners may now be compared over three triennia (Table 8.3). The total referrals are increasing: taking the 1958-60 figure as 100, the succeeding totals are 115 and 122. The largest increases have come from the South-West London postal districts and from Kent and Surrey (counties whose northern parts are included in the Greater London conurbation). Table 8.5 shows a slight trend for each referring practitioner to refer a larger number of cases per year, the proportion referring five or more cases having increased from 17% to 22%.

Comparison of the maps for three triennia suggests that referrals are increasingly from the districts near the Maudsley hospital and decreasingly from the more distant parts (though the N.W. postal district is an exception, mean yearly referrals having increased from 63 to 81). This is probably to be explained by the more adequate development of local psychiatric services and by the planned commitment of the Bethlem Maudsley hospital to a district service centred on Camberwell (S.E.5).

Table 8.1 *Numbers of general practitioners and of new adult cases referred by them, by year and location of practice*

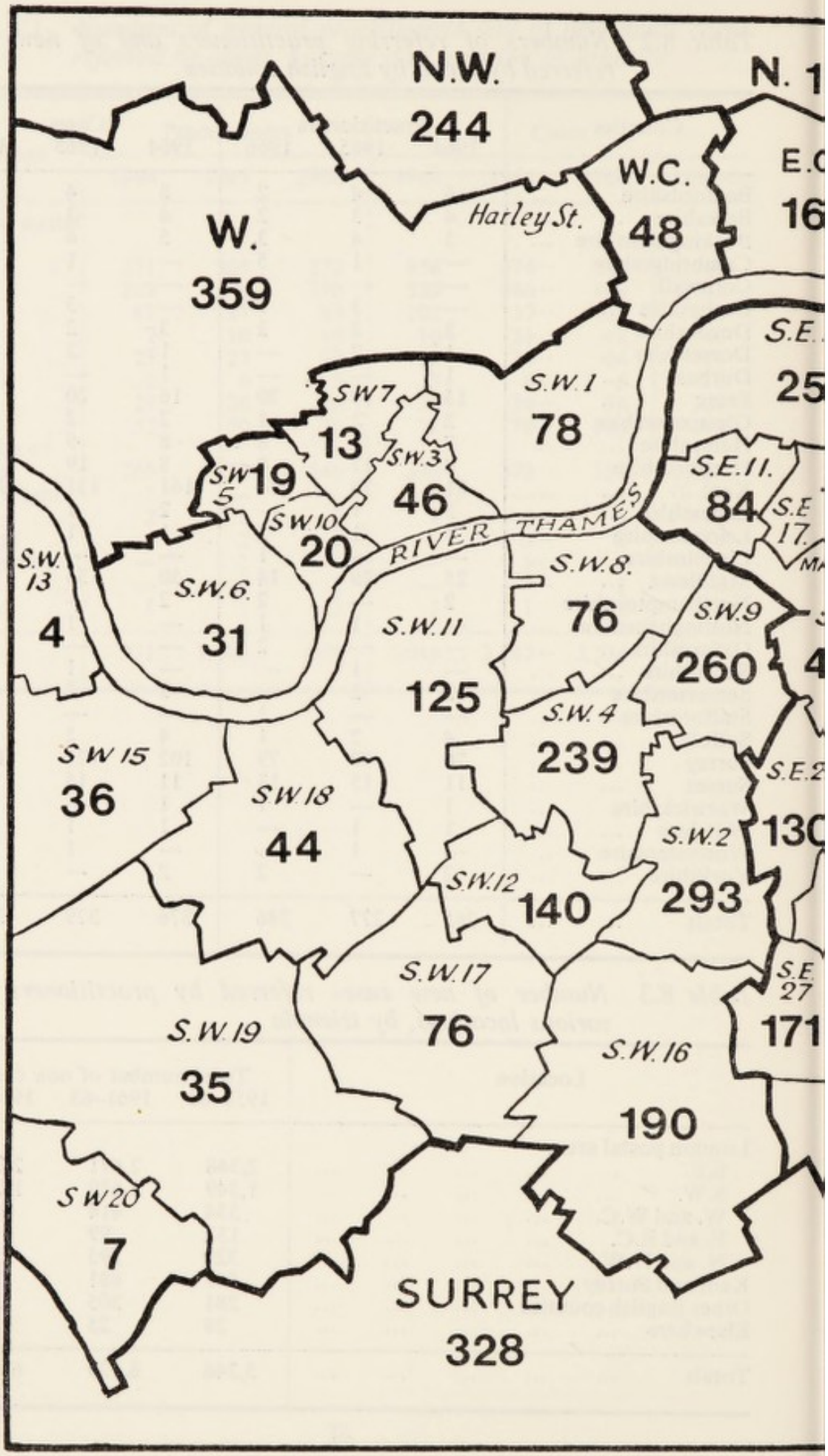
Location	Practitioners			Cases			
	1964	1965	1966	1964	1965	1966	1964-66
London postal area:							
S.E. ...	271	305	272	856	974	950	2,780
S.W. ...	209	208	210	529	586	619	1,734
W.	67	87	85	102	137	120	359
W.C. ...	7	10	10	10	21	17	48
E.	25	22	22	33	24	24	81
E.C. ...	2	6	5	5	6	5	16
N.	29	26	26	33	34	34	101
N.W. ...	52	50	70	71	70	103	244
Counties of England ...	265	277	246	376	379	353	1,108
Isle of Wight	1	—	—	1	—	—	1
Wales ...	2	5	3	2	6	3	11
Scotland ...	—	2	3	—	3	3	6
N. Ireland ...	—	1	—	—	1	—	1
Eire ...	—	—	1	—	—	1	1
Abroad ...	1	1	2	1	1	2	4
Total ...	931	1,000	955	2,019	2,242	2,234	6,495

Table 8.2 Numbers of referring practitioners and of new cases referred by them, by English counties

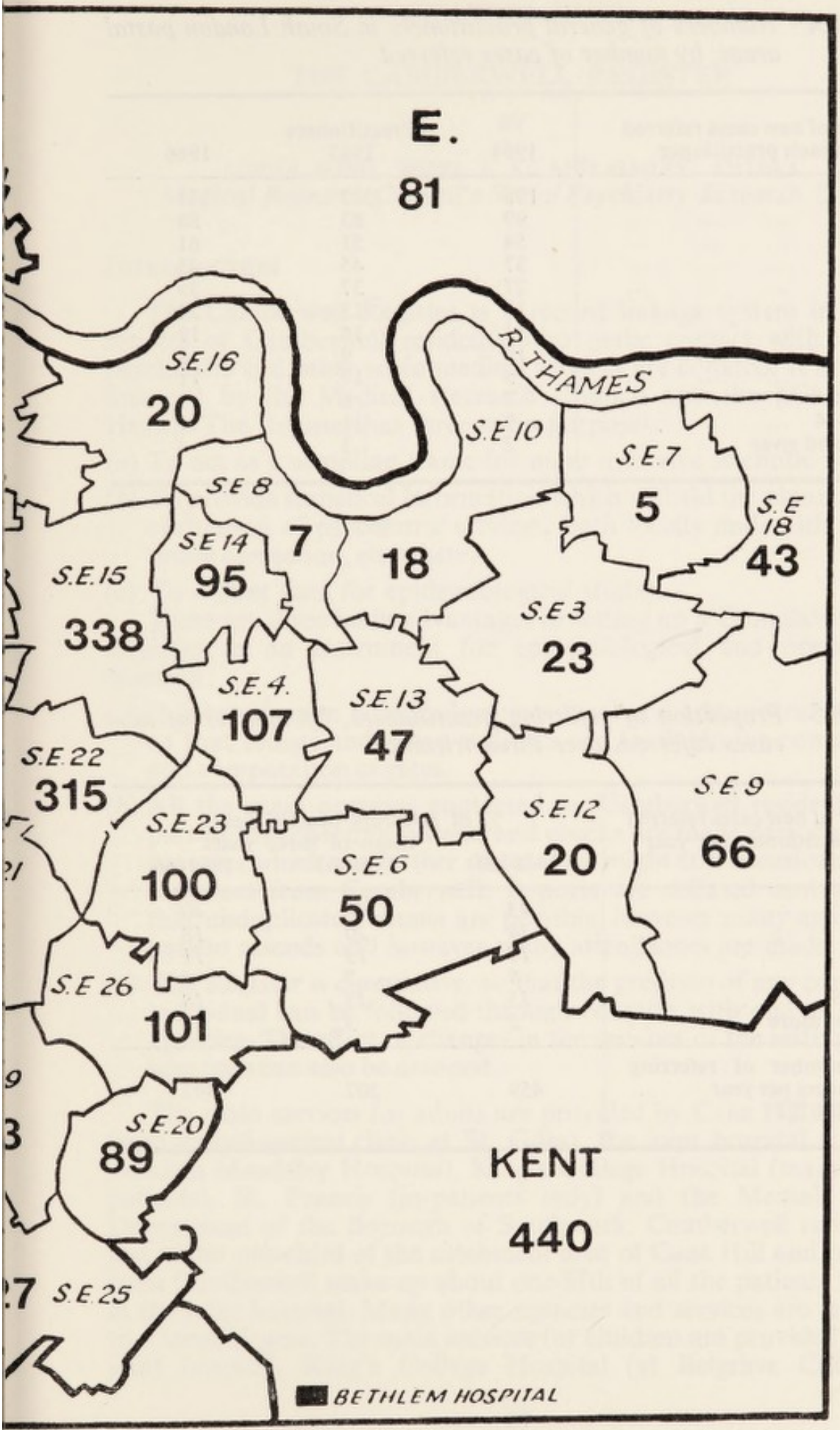
Counties	Practitioners			Cases		
	1964	1965	1966	1964	1965	1966
Bedfordshire ...	6	4	2	8	4	5
Berkshire	4	3	2	4	3	2
Buckinghamshire ...	5	4	3	5	4	3
Cambridgeshire ...	—	1	5	—	1	6
Cornwall	—	—	1	—	—	1
Derbyshire	—	3	1	—	3	1
Devonshire	3	2	2	3	2	2
Dorsetshire	1	2	—	1	2	—
Durham	1	—	—	1	—	—
Essex	15	19	20	16	20	21
Gloucestershire ...	2	2	1	2	2	1
Hampshire	7	8	8	8	9	8
Hertfordshire ...	8	17	8	8	19	19
Kent	91	78	74	161	131	148
Lancashire	2	1	—	2	1	—
Leicestershire ...	1	1	2	1	1	2
Lincolnshire ...	—	—	1	—	—	1
Middlesex	25	29	14	30	33	15
Northamptonshire	2	—	2	2	—	2
Nottinghamshire ...	—	1	1	—	1	1
Oxfordshire	—	—	2	—	—	2
Shropshire	—	1	—	—	1	—
Somersetshire ...	3	2	—	3	2	—
Staffordshire... ...	—	—	1	—	—	1
Suffolk	4	2	1	4	2	1
Surrey	70	80	79	102	121	105
Sussex	11	15	13	11	15	13
Warwickshire ...	1	—	1	1	—	1
Wiltshire	1	1	—	1	1	—
Worcestershire ...	—	1	—	—	1	—
Yorkshire	2	—	2	2	—	2
Totals	265	277	246	376	379	353

Table 8.3 Number of new cases referred by practitioners from various locations, by triennia

Location	Total number of new cases		
	1958–60	1961–63	1964–66
London postal area:			
S.E.	2,348	2,671	2,780
S.W.	1,349	1,639	1,734
W. and W.C.	334	414	407
E. and E.C.	132	99	97
N. and N.W.	329	295	345
Kent and Surrey	545	681	768
Other English counties	281	305	340
Elsewhere	28	25	24
Totals	5,346	6,129	6,495



Map showing numbers of new cases referred to the Maudsley Hos



)64-66 by general practitioners from various London postal districts

Table 8.4 *Numbers of general practitioners in South London postal areas, by number of cases referred*

Number of new cases referred by each practitioner	Practitioners 1964	1965	1966
1	198	222	171
2	99	83	88
3	54	51	61
4	37	45	43
5	27	37	39
6	17	13	24
7	15	16	19
8	10	9	8
9	5	17	11
10	7	6	3
11–14	9	11	11
15 and over	2	3	4

Table 8.5 *Proportion of referring practitioners, by number of new cases referred, over three triennia*

Number of new cases referred per practitioner, per year	% of referring practitioners: mean of three years 1958–60	1961–63	1964–66
1	*43*	*40*	*40*
2	*18*	*20*	*18*
3	*14*	*13*	*11*
4	*8*	*7*	*9*
5–9	*15*	*15*	*18*
10 or more	*2*	*3*	*4*
Mean number of referring practitioners per year ... (=100%)	459	507	492

CHAPTER NINE

THE CAMBERWELL REGISTER

BY

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INTRODUCTION

The Camberwell Register is a record linkage system in which reports of Camberwell residents who make contact with certain psychiatric and other socio-medical services are collated. It is jointly financed by the Medical Research Council and the Ministry of Health. The Register has three main purposes:

(*a*) To act as a sampling-frame for more intensive scientific work.

(*b*) To provide statistical information which will aid the planning and evaluation of psychiatric services, both locally and, with appropriate correction, elsewhere.

(*c*) To collect data for epidemiological studies.

There are three main advantages in setting up a Cumulative Case Register as an instrument for epidemiological and operational research:

(*a*) It is based upon a defined geographical and administrative area, so that census and other statistics are available for comparison and computation of rates.

(*b*) All the main agencies contacted by Camberwell residents take part in the reporting system, and checks are made periodically at agencies which are further distant but might still occasionally see a patient from Camberwell. Reports are collated centrally, so that unduplicated counts are possible, however many agencies a patient attends and however many attendances are made.

(*c*) The Register is cumulative, so that the progress of any particular individual can be followed through contacts with one or several agencies. The effect of changes in the services or the setting up of new ones can also be assessed.

The main services for adults are provided by Cane Hill Hospital (with its out-patient clinic at St. Giles), the joint hospital (*i.e.*, the Bethlem-Maudsley Hospital), King's College Hospital (mainly out-patients), St. Francis (in-patients only) and the Mental Health Department of the Borough of Southwark. Camberwell represents just under one-third of the catchment area of Cane Hill and patients from Camberwell make up about one-fifth of all the patients treated at the joint hospital. Many other agencies and services are involved to a lesser degree. The main services for children are provided by the joint hospital, King's College Hospital (at Belgrave Children's

Hospital), Peckham Child Guidance Clinic and Guy's Hospital. Information is also collected concerning Camberwell residents who contact the mental subnormality services but these figures are not presented in this chapter.

The Register began on 31st December, 1964, with a census of all patients in an episode of contact with the specified services, and it has been running continuously since so that data on contacts made during the three years 1965, 1966 and 1967 are now available. The term "spell of contact" is used for any period in one particular hospital or day-hospital; such "spells" begin with the day of admission and end with the day of discharge. It is also used for a period of "current" contact with a particular out-patient department, and is defined so that a patient is said to be in a spell of contact on a given day if he is seen before and after that day with a period of three months between contacts. Attendances at the Emergency Clinic, Ward Referrals (in King's College Hospital, Dulwich or St. Giles), and Domiciliary Visits are treated in the same way. The term "episode of contact" is used to refer to a period which contains several spells with no gap of more than 3 months out of contact. Thus an episode may begin with a spell of out-patient treatment at St. Giles, continue with a spell of in-patient care at St. Francis Hospital and subsequently with another spell at the joint hospital, and end with a further spell of out-patient supervision, this time at the Maudsley.

All the data are coded and stored on magnetic tape, and computer programmes have been written which retrieve the information in a large variety of useful forms. The M.R.C. Computer Services Centre works in very close cooperation with the Social Psychiatry Research Unit.

Some statistics relating to the prevalence and distribution of psychiatric illness in Camberwell residents who came into contact with the specified psychiatric services during 1965 will be presented in this chapter. Most of the figures relate to residents with a "settled address", that is, individuals from the Camberwell Reception Centre are excluded from most tables.

1. One-Day Prevalence (Tables 9. 1a and 1b)

The one-day prevalence rates for Camberwell residents aged 15 and over, broken down in various ways, can be calculated for any given day. The total rates for six census-days (per 100,000 of the Camberwell population aged 15 and over) were as follows:

31st December, 1964	...	758
30th June, 1965	...	830
31st December, 1965	...	806
30th June, 1966	...	782
30th December, 1966	...	779
30th June, 1967	...	784

The figures are remarkably stable at just under 1% of the adult population.

Table 9. 1a shows the numbers of male and female Camberwell residents, in four age-groups, who were in an episode of contact with psychiatric services on 31st December, 1964. The age- and sex-specific rates are also shown. Table 9. 1b presents the same information for a census-day one year later, 31st December, 1965. The detailed figures for the two census days are very similar.

The rates show the familiar increase of prevalence with age, in both males and females, and illustrates the higher morbidity of females particularly in the older age-groups.

2. New Episodes of Contact, 1965 (Table 9.2.)

The numbers and rates of Camberwell residents who were not in an episode of contact with the specified services on 31st December, 1964, but began at least one episode of contact some time during 1965, are shown in Table 9.2. Females still had higher rates than males but the peak rates for both sexes occurred in the 25-44 age-group. Over 1% of the adult population began an episode of contact with psychiatric services during the year.

3. One-Year Prevalence (Table 9.3)

The figures presented in Tables 9.1a and 9.2 are unduplicated, that is, they can be summed to give a one-year prevalence of Camberwell residents who contacted services at any time during 1965. The combined numbers and rates are shown in Table 9.3 which indicate an overall prevalence for the year of a little under 2% of the adult population. This figure compares with 1,998 per 100,000 for adult white residents of Baltimore, U.S.A., and 1,775 for adult residents of Aberdeen City (Wing *et al.*, 1967).

4. Agency, Service and Length of Stay (Tables 9.4a and 4b)

Tables 9.4a and 4b show the agency with which Camberwell residents were in contact on 31st December, 1964 and 31st December, 1965, what kind of service they were receiving and the length of stay of in-patients. The main in-patient service was provided by Cane Hill and other mental hospitals. Before the National Health Service was set up, patients from the metropolitan area were frequently admitted to any of the mental hospitals serving London, depending on where a bed was available rather than nearness to their home. Many long-stay Camberwell patients are therefore in hospitals other than Cane Hill. However, Cane Hill provided the largest number of short-stay and medium-stay beds on 31st December, 1964 and 31st December, 1965. The joint hospital also provided a number of beds and St. Francis a few. Most day places were at the Maudsley Hospital (1 or 2 patients attended St. Olaves). On the other hand, the out-patient department at the Maudsley provided the service for two-thirds of the out-patients in an episode of contact, with St. Giles, King's College Hospital and Guy's Hospital providing almost all the rest of the service.

These figures provide a crude baseline against which the effects of recent and future changes in the structure of services for Camberwell residents can be measured. It will also be interesting to follow the "run-down" of long-stay beds and the accumulation of new types of long-stay patients, in the light of the forecasts made by the Ministry of Health.

5. Short-Stay and Medium-Stay Beds (Tables 9.5a and 5b)

Short-stay patients are defined as those who, on any given day, have been in hospital under two months (0-60 days). Medium-stay is defined as two months to 1 year (61-365 days). Tables 5a and 5b show the distribution of short-stay and medium-stay patients according to agency, age and diagnosis, on 31st December, 1964. The figures for 31st December, 1965 were very similar.

About 150 beds are required for short-stay and medium-stay patients from Camberwell, on the (probably false) assumption that current bed-occupancy is a reliable measure of need. Some thirty of these beds are for patients with dementia—all are at present in Cane Hill but they might better be sited within the area, in association with a geriatric unit. The other beds ought also, perhaps, to be within the area, and the recent decision of the joint hospital to set aside a higher proportion of its beds for this purpose is a step in that direction.

6. "New" Long-Stay Patients (Tables 9.6 and 9.7)

One way of calculating how many patients will become long-stay (remain in hospital more than one year) is to follow-up for one year all those in hospital on a given day. Of the 151 short-stay and medium stay patients on 31st December, 1964, shown in Table 9.4a, 44 actually stayed in hospital at least a year.

A similar estimate for the subsequent year was obtained by analysing the length of stay of patients admitted in 1965. Table 9.6 shows the length of stay at each admission during the year; patients were counted more than once if admitted more than once during the year. Two-thirds were discharged within two months, and 94% within a year of admission. That is, 44 people, or 6% of admissions, remained for more than a year.

Thus, identical estimates of the build-up of new long-stay patients were obtained for two consecutive years. The characteristics of the 44 patients admitted during 1965, who stayed more than a year, are shown in Table 9.7. Most were female, over the age of 65, with a diagnosis of dementia and admitted to a mental hospital.

The eventual number of long-stay beds needed cannot be calculated from the figures so far available, partly because the Register has not yet been running for long enough and, more importantly, because *what is needed* cannot necessarily be calculated from *what is available*. A different kind of information, based

on the investigation of samples from the Register and the experimental evaluation of different kinds of service is required before rational planning decisions of this kind can be made.

7. Number of Patients and Number of Contacts During 1965 (Tables 9.8 and 9.9)

One method of estimating the load carried by each agency and each type of service is illustrated in Tables 9.8 and 9.9. Table 9.8 shows that 554 Camberwell residents were admitted to hospital during 1965 on 727 occasions. One patient might have been admitted to the Maudsley and to St. Francis and to Cane Hill within the one year; the columns representing "persons" do not necessarily add up because the total is "unduplicated".

Seen from this point of view, St. Francis, with only a few beds devoted to Camberwell residents, nevertheless accounted for 102 admissions, indicating a relatively brief length of stay. The joint hospital and St. Francis between them admitted a substantial proportion of the people who received in-patient care. The Maudsley, Bethlem and St. Olave's Day Hospitals provided all the day places. The Maudsley Hospital's main contribution, however, can be seen from the out-patient figures, which are elaborated in Table 9.9. Domiciliary visits are not included in the table because reliable data have not yet been collected. The numbers of ward referrals in St. Giles are probably underestimated. Otherwise, the table gives a fairly accurate idea of the amount of psychiatric work carried out by various agencies and types of "out-patient" service in 1965.

8. One-Year and Two-Year Follow-Up of Camberwell Residents in an Episode of Contact on 31.12.64 (Table 9.10)

Table 9.10 illustrates one of the chief advantages of the Register—the fact that it is cumulative. The status of patients enumerated in the census of 31st December, 1964 is shown for two succeeding dates, one year and two years later. The gradual run-down of the long-stay population (mainly due to deaths) is clearly evident. The more rapid "run-down" of the out-patient cohort (only a third are still in contact two years later) is also clear and the analogy between spells of out-patient and spells of in-patient treatment is being taken further in current statistical analyses.

9. Diagnosis (Table 9.11 and Figure 3)

The one-year prevalence rates of Camberwell residents who contacted psychiatric services at some time during 1965 are shown in Table 9.11, separately for certain diagnostic categories. Apart from alcohol addiction and personality disorder, females have higher rates than men in all categories, though the difference for schizophrenia ia not large. The rate for schizophrenia (0.36 per 100,000 aged over 15, or 0.28 per 100,000 total population) is well within the

range of figures reported from elsewhere in the world (although the rate in Baltimore as given by the Maryland Register is considerably higher: Wing *et al.*, 1967). Some age- and sex-specific rates are shown in Figure 3.

Until the Register has been running for another two years it will not be worth calculating incidence rates.

10. Occupation and Agency (Table 9.12)

Until sufficient data have been collected to calculate first admission rates, the main interest of a breakdown by latest occupation is to compare the occupational levels of patients admitted to the various in-patient services. Table 9.12 shows the deficiency of patients in Classes I and II admitted to the mental hospitals. There is perhaps less indication, in these figures, of selection by social class, than would be apparent from a consideration of all admissions to the two groups of hospitals irrespective of area of residence, because Camberwell is a relatively homogeneous area occupationally.

11. Patients without a Settled Address (Table 9.13)

Because of the presence of a large Reception Centre in Camberwell, many patients who are only resident in the area by virtue of their admission to the Centre, are referred to the local psychiatric services. Table 9.13 shows the number of such patients, by age and sex. The figures for 1966 and 1967 were surprisingly similar. It is, of course, inappropriate to calculate rates.

12. Children (Table 9.14)

If subnormality is excluded, the numbers of children attending psychiatric services is small. Table 9.14 shows the numbers and one-year prevalence rates. Roughly half the children attended the services provided by the joint hospital.

Reference:

WING, L. *et al.* (1967) The use of psychiatric services in three urban areas: an international case register study. *Social Security*, *2*, 158-167.

Table 9.1*a Census day* 31.12.64.—*Camberwell residents in contact with psychiatric services on two census days: By age and sex. Absolute numbers and age-sex specific rates per* 100,000 *Camberwell population*

Age	Males		Females		Both sexes	
	No.	Rate per 100,000	No.	Rate per 100,000	No.	Rate per 100,000
15–24...	29	239	27	215	56	226
25–44...	135	573	192	801	327	688
45–64...	144	667	220	957	364	816
65+ ...	72	1,040	219	1,663	291	1,449
15+ ...	380	592	658	905	1,038	758

Table 9.1*b Census day* 31.12.65

Age	Males		Females		Both sexes	
	No.	Rate per 100,000	No.	Rate per 100,000	No.	Rate per 100,000
15–24...	39	321	48	382	87	352
25–44...	121	514	229	956	350	737
45–64...	146	676	229	996	375	841
65+ ...	77	1,112	214	1,625	291	1,449
15+ ...	383	596	720	990	1,103	806

Table 9.2 *Camberwell residents (not counted in table* 9.1*a) who began new episodes of contact with psychiatric services during* 1965: *By age and sex. Absolute numbers and age-sex specific rates per* 100,000

Age	Males		Females		Both sexes	
	No.	Rate per 100,000	No.	Rate per 100,000	No.	Rate per 100,000
15–24...	121	996	173	1,375	294	1,189
25–44...	235	998	400	1,669	635	1,336
45–65...	164	759	231	1,005	395	886
65+ ...	41	592	111	843	152	757
15+ ...	561	873	915	1,259	1,476	1,078

Table 9.3 One year prevalence of Camberwell residents in contact with psychiatric services during 1965. By age and sex. Absolute numbers and age-sex specific rates per 100,000

Age	Males		Females		Both sexes	
	No.	Rate per 100,000	No.	Rate per 100,000	No.	Rate per 100,000
15–24...	150	1,235	200	1,590	350	1,415
25–44...	370	1,571	592	2,470	962	2,024
45–64...	308	1,426	451	1,962	759	1,702
65+ ...	113	1,632	330	2,506	443	2,206
15+ ...	941	1,465	1,573	2,164	2,514	1,836

Table 9.4a One-day prevalence of Camberwell residents in contact with psychiatric services on 31.12.64. (By agency, service and length of stay)

	Maudsley Bethlem Dulwich	St. Francis	Undergrad. Teaching Hospitals	Cane Hill and other Hospitals	Total
In-patient					
Over 1 year	—	—	—	416	416
61–365 days	15	—	—	55	70
0–60 days	19	6	1	55	81
Day patient	13	—	—	1	14
In spell of Out-patient contact*	247	3**	58	149	457
Total	294	9	59	676	1,038

*Definition of out-patient spell: See text

**These 3 patients left St. Francis before the census day and contacted an out-patient department after it.

Table 9.4b One-day prevalence of Camberwell residents in contact with psychiatric services on 31.12.1965. *(By agency, service and length of stay)*

	Maudsley Bethlem Dulwich	St. Francis	Undergrad. Teaching Hospitals	Cane Hill and other Hospitals	Total
In-patient:					
Over 1 year	—	—	—	417	417
61–365 days	11	4	1	57	73
0–60 days	16	2	2	32	52
Day-patient	21	—	—	2	23
In spell of Out-patient contact*	319	3**	68	148	538
Total	367	9	71	656	1,103

**See footnote to Table 9.4a

Table 9.5a Short-stay beds (0-60 *days*). *Numbers of short and medium stay beds occupied by Camberwell residents on* 31.12.64. *By agency, age and diagnosis*

Agency	Age	Schiz.	Severe depression	Organic conditions	Other diagnoses	All diagnoses
Joint Hospital and St. Francis	15-24	1	1	—	2	4
	25-44	5*	4	—	4	13
	45-64	—	4	—	2	6
	65+	—	3	—	—	3
	15+	6	12	—	8	26
Cane Hill and other Mental Hospitals	15-24	2	—	—	—	2
	25-44	11	5	—	4	20
	45-64	2	3	1	9	15
	65+	1	4	8	5	18
	15+	16	12	9	18	55

*One patient in an undergraduate teaching hospital

Table 9.5b Medium-stay beds (61-365 *days*)

Agency	Age	Schiz.	Severe depression	Organic conditions	Other diagnoses	All diagnoses
Joint Hospital and St. Francis	15-24	—	—	—	1	1
	25-44	2	1	—	3	6
	45-64	—	2	—	3	5
	65+	1	—	1	1	3
	15+	3	3	1	8	15
Cane Hill and other Mental Hospitals	15-24	4	1	—	2	7
	25-44	7	1	—	5	13
	45-64	—	1	3	5	9
	65+	1	1	19	5	26
	15+	12	4	22	17	55

Table 9.6 Length of stay of Camberwell residents who were admitted to hospital during 1965

Length of stay	Males	Females	Both sexes N	Both sexes %
0–90 days	181	304	485	*66.7*
91–365 days	74	124	198	*27.2*
Over 1 year	6	38	44	*6.1*
Total	261	466	727*	*100.0*

*This represents the number of admissions during the year and is accounted for by 554 people (see Table 9.8). If a patient is transferred from one hospital to another, the transfer is counted as a new admission.

Table 9.7 Characteristics of 44 Camberwell residents admitted to hospital during 1965, who stayed more than one year

Age	23 were aged 65 and over
Sex	38 were female
Diagnosis ...	21 had dementia or other organic conditions 14 had schizophrenia.
Agency	44 were admitted to Cane Hill or other mental hospital

Table 9.8 Number of Camberwell residents making contact with psychiatric services during 1965, and number of contacts made: By agency and service

Agency	In-patients		Day-patients		Out-patients	
	No. of Persons	No. of Admissions	No. of Persons	No. of Admissions	No. of Persons	No. of Contacts
Joint Hospitals and Dulwich	175	197	52	64	1,083	5,291
St. Francis	93	102	—	—	—	—
King's College ...	5	5	—	—	352	1,034
Other Undergraduate	—	—	—	—	62	291
Cane Hill (St. Giles)	281	344	—	—	431	1,776
Other Mental Hospitals	66	78	12	18	46	148
Total*	554	**727	64	82	1,878	8,540

*Unduplicated for persons in each kind of service

**See footnote to Table 9.6.

Table 9.9 Number of Camberwell residents making contact with various "out-patient" services during 1965, and number of contacts made. By agency and type of service

Agency	Out-patient appointments		Emergency Clinic (and Casualty Departments)		Night Emergency		Ward referrals	
	Persons	Contacts	Persons	Contacts	Persons	Contacts	Persons	Contacts
Joint Hospital and Dulwich	898	4,450	434	725	80	96	41	43
King's College	225	880	1*	1*	—	—	143	153
Other Undergraduate ...	61	287	4*	4*	—	—	—	—
St. Giles (Cane Hill) ...	414	1,742	—	—	—	—	4*	4*
Other Hospitals... ...	41	137	1	1	—	—	1	1

*Probably an underestimate

Table 9.10 *One-year and two-year follow-up of Camberwell residents in contact with psychiatric services on* 31.12.1964

Status on 31.12.1964	N.	Status on 31.12.1965				Not in contact during last 3* months	Status on 31.12.1966				Not in contact during last 3 months
		I.P.	D.P.	O.P.	Died		I.P.	D.P.	O.P.	Died	
In-patient											
1 year or more	416	378	0	0	31	7	341	0	0	59	16
91-365 days...	70	37	0	8	7	18	28	0	4	11	27
0–90 days ...	81	14	0	28	6	33	10	0	20	8	43
Day patient ...	14	0	3	9	0	2	0	1	8	0	5
Out-patient ...	457	15	4	236	6	196	8	1	150	13	285
Total	1,038	444	7	281	50	256	387	2	182	91	376

*Some patients may have left the area and be in contact with services elsewhere

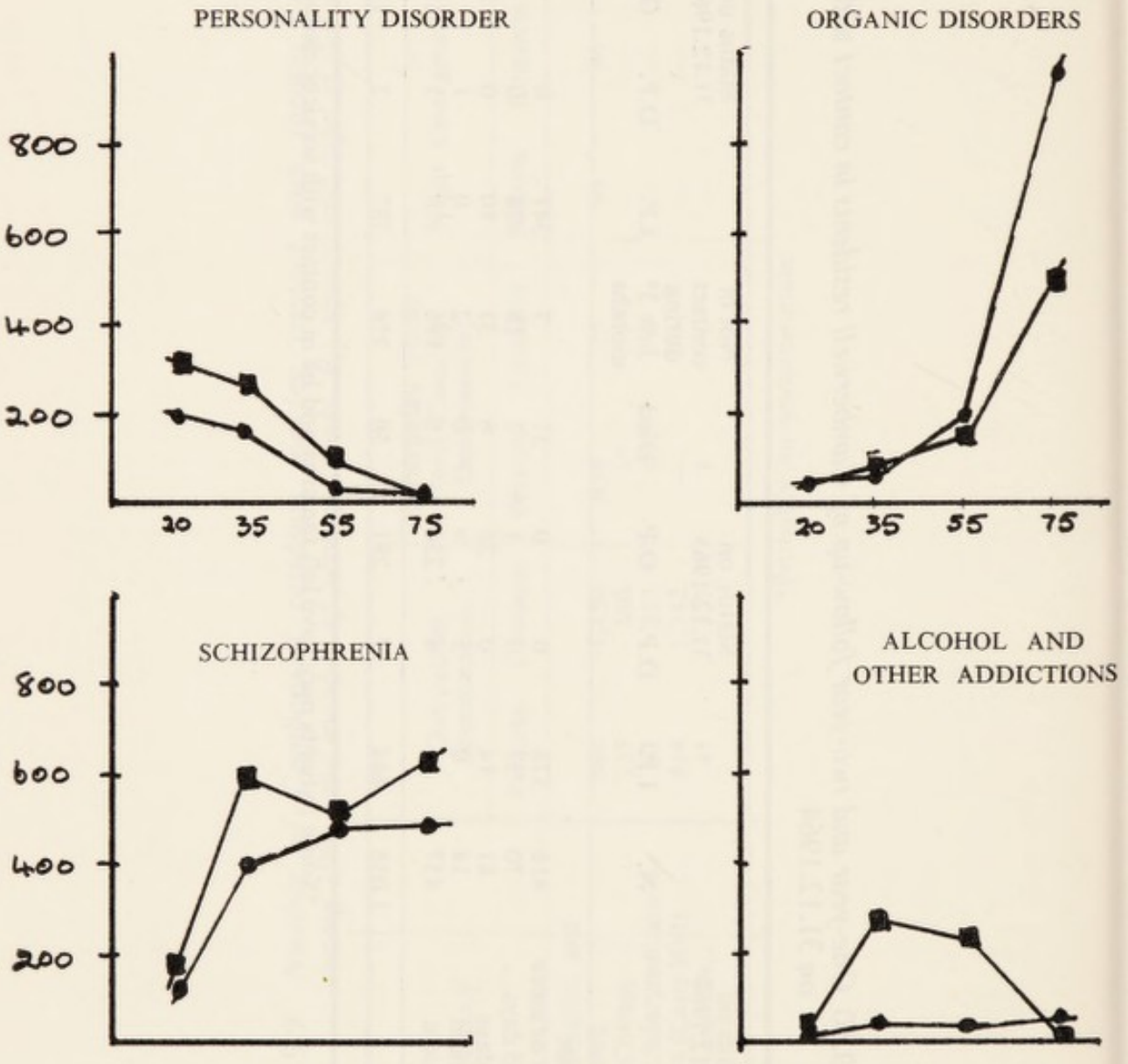
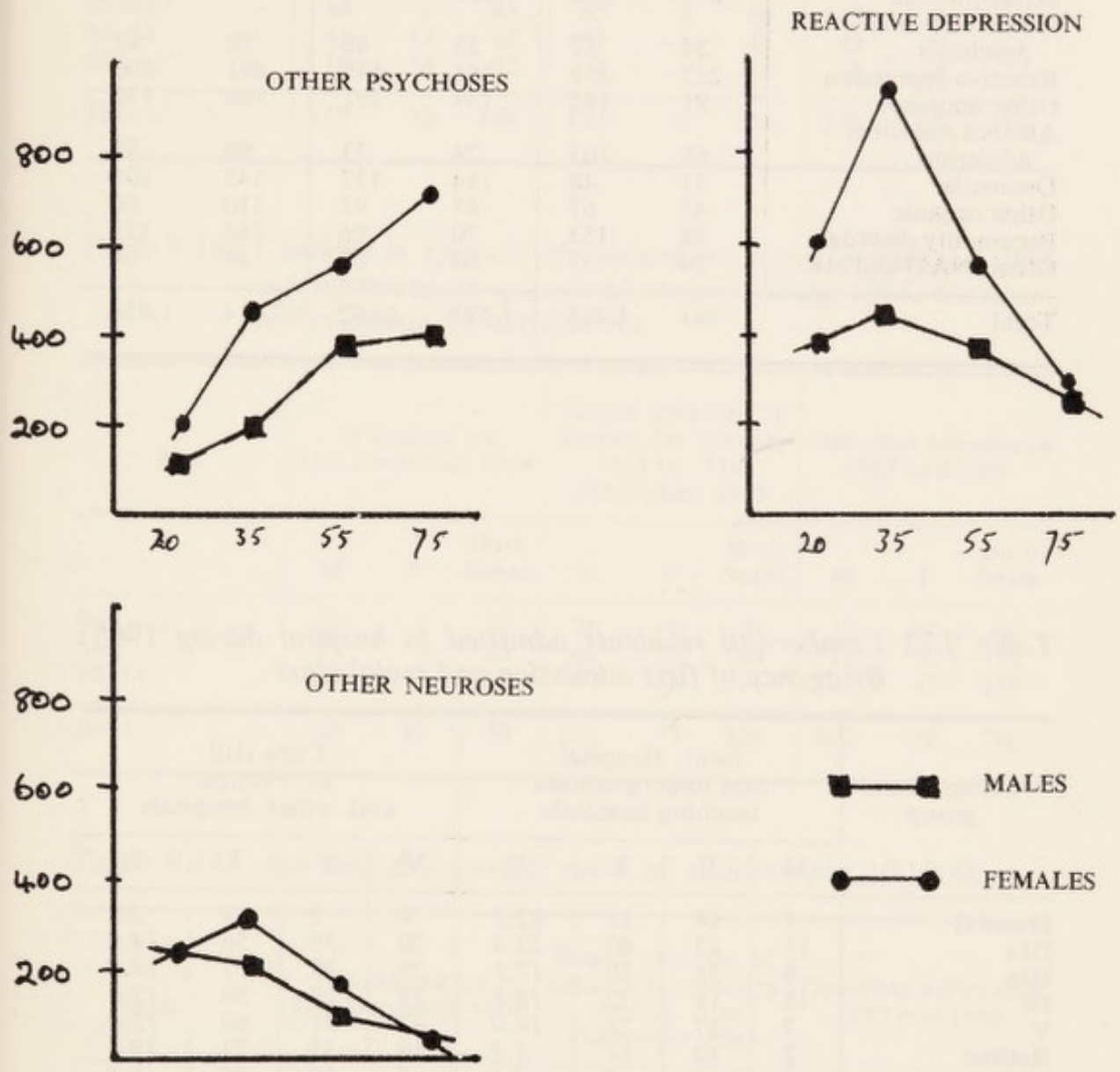


Fig 3. One year prevalence (1965) by diagnosis age and sex.



(*Specific rates per 100,000 Camberwell population*).

Table 9.11 *One-year prevalence of Camberwell residents in contact with psychiatric services* 1965. *Absolute numbers and sex-specific rates per* 100,000 *aged* 15.+ *By diagnosis*

Diagnosis	Male		Female		Both sexes	
	No.	Rate	No.	Rate	No.	Rate
Affective psychosis ...	121	188	326	448	447	326
Schizophrenia ...	216	336	270	371	486	355
Other functional psychosis	24	37	35	48	59	43
Reactive depression	227	353	464	638	691	505
Other neuroses ...	91	142	139	191	168	170
Alcohol and other addiction	66	103	24	33	90	66
Dementia	31	48	114	157	145	106
Other organic ...	43	67	67	92	110	80
Personality disorder	98	153	70	96	168	123
Other, NAD and NK	24	37	64	88	88	64
Total	941	1,465	1,573	2,162	2,514	1,836

Table 9.12 *Camberwell residents admitted to hospital during* 1965: *By agency of first admission and social class*

Occupational group	Joint Hospital and undergraduate teaching hospitals				Cane Hill St. Francis and other hospitals			
	M	F	T	%	M	F	T	%
II and II ...	7	14	21	*12.3*	4	5	9	*2.3*
IIIA	13	27	40	*23.4*	20	36	56	*14.6*
IIIB	9	21	30	*17.5*	29	28	57	*14.9*
IV	14	18	32	*18.7*	23	27	50	*13.0*
V	7	17	24	*14.0*	37	31	68	*17.8*
Retired ...	2	12	14	*8.2*	18	55	73	*19.1*
None	2	5	7	*4.1*	7	19	26	*6.8*
Not known ...	—	2	2	*1.2*	10	31	41	*10.7*
Sheltered work	1	—	1	*0.6*	—	3	3	*0.8*
Total	55	116	171	*100.0*	148	235	383	*100.0*

Table 9.13 *Patients with no settled address who contacted Camberwell services during one year*

	In contact on 31st December 1964			New patients 1st January 31st December 1965			Total		
	M	F	T	M	F	T	M	F	T
15–24 ...	3	—	3	15	—	15	18	—	18
25–44 ...	48	1	49	65	4	69	113	5	118
45–64 ...	48	17	65	41	—	41	89	17	106
65+ ...	18	14	32	1	—	1	19	14	33
15+	117	32	149	122	4	126	239	36	275

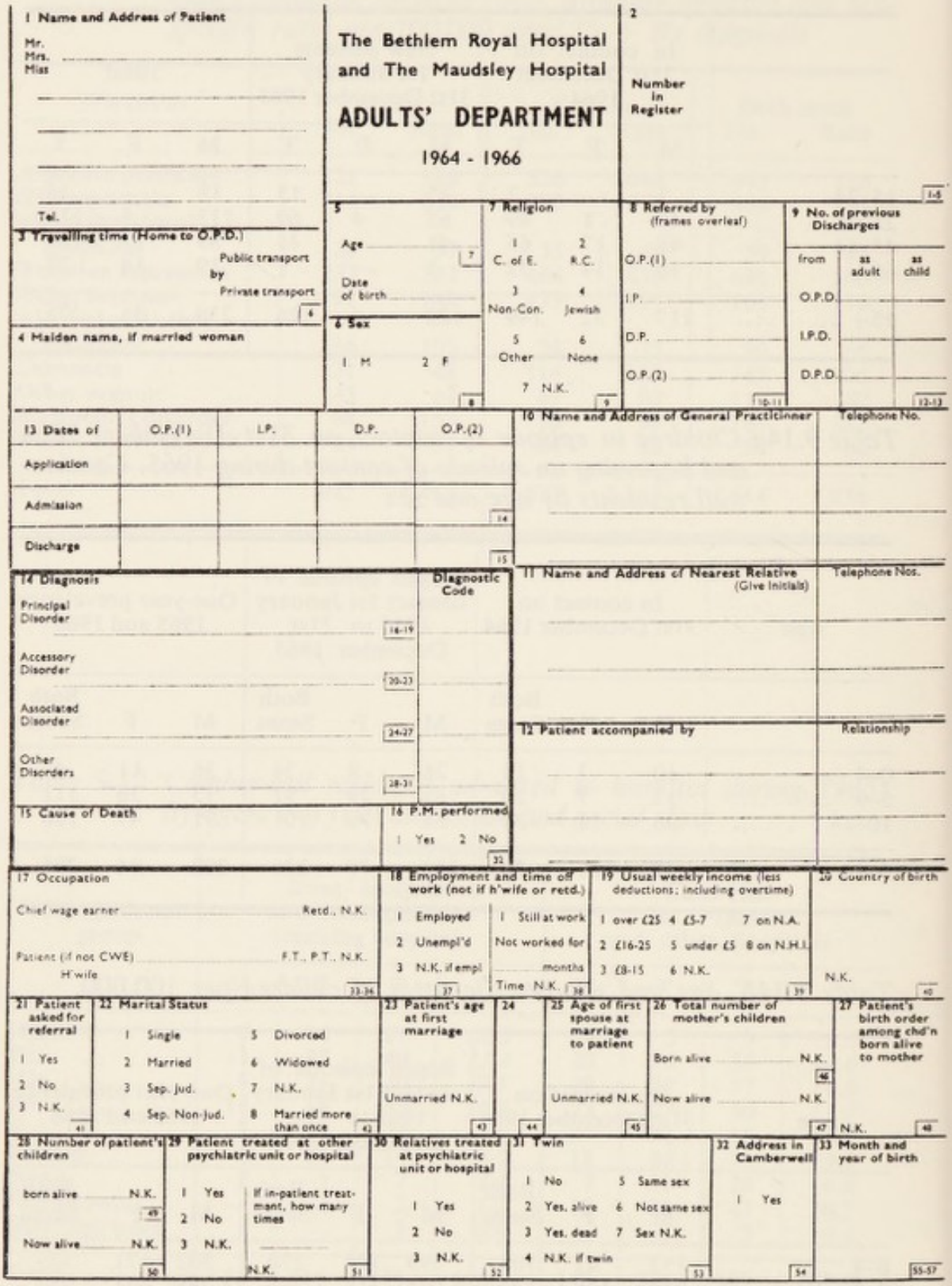
Table 9.14*a Children in episode of contact on* 31*st December*, 1964 *and beginning an episode of contact during* 1965. *Camberwell residents by age and sex*

Age	In contact on 31st December 1964			Began episode of contact 1st January 1965 to 31st December 1965			One-year prevalence 1965 and 1966		
	M	F	Both Sexes	M	F	Both Sexes	M	F	Both Sexes
0–4	10	3	13	26	8	34	36	11	47
5–9	13	7	20	62	29	91	75	36	111
10–14 ...	26	11	37	65	36	101	91	47	138
0–14	49	21	70	153	73	226	202	94	296

Table 9.14*b Age and sex-specific rates of children per* 100,000.

Age	In contact on 31st December 1964			Began episode of contact 1st January 1965 to 31st December 1965			One-year prevalence 1965 and 1966		
	M	F	Both Sexes	M	F	Both Sexes	M	F	Both Sexes
0–4	153	47	103	399	124	270	552	171	373
5–9	223	125	175	1,065	516	795	1,288	641	970
10–14 ...	367	160	265	917	523	722	1,284	683	987
0–14 ...	252	111	182	788	385	589	1,040	496	771

Appendix



1 Name and Address of Patient
Mr.
Mrs.
Miss
Tel.

The Bethlem Royal Hospital and The Maudsley Hospital
ADULTS' DEPARTMENT
1964 - 1966

2
Number in Register

3 Travelling time (Home to O.P.D.)
Public transport
by
Private transport

4 Maiden name, if married woman

5
Age
Date of birth

6 Sex
1 M 2 F

7 Religion
1 C. of E. 2 R.C.
3 Non-Con. 4 Jewish
5 Other 6 None
7 N.K.

8 Referred by (frames overleaf)
O.P.(1)
I.P.
D.P.
O.P.(2)

9 No. of previous Discharges

from	as adult	as child
O.P.D.		
I.P.D.		
D.P.D.		

13 Dates of	O.P.(1)	I.P.	D.P.	O.P.(2)
Application				
Admission				
Discharge				

10 Name and Address of General Practitioner
Telephone No.

11 Name and Address of Nearest Relative (Give Initials)
Telephone Nos.

12 Patient accompanied by
Relationship

14 Diagnosis
Diagnostic Code
Principal Disorder
Accessory Disorder
Associated Disorder
Other Disorders

15 Cause of Death

16 P.M. performed
1 Yes 2 No

17 Occupation
Chief wage earner ..... Retd., N.K.
Patient (if not CWE) ..... F.T., P.T., N.K.
H'wife

18 Employment and time off work (not if h'wife or retd.)
1 Employed
2 Unempl'd
3 N.K. if empl
1 Still at work
Not worked for ..... months
Time N.K.

19 Usual weekly income (less deductions; including overtime)
1 over £25 4 £5-7 7 on N.A.
2 £16-25 5 under £5 8 on N.H.I.
3 £8-15 6 N.K.

20 Country of birth
N.K.

21 Patient asked for referral
1 Yes
2 No
3 N.K.

22 Marital Status
1 Single 5 Divorced
2 Married 6 Widowed
3 Sep. Jud. 7 N.K.
4 Sep. Non-Jud. 8 Married more than once

23 Patient's age at first marriage
Unmarried N.K.

24

25 Age of first spouse at marriage to patient
Unmarried N.K.

26 Total number of mother's children
Born alive ..... N.K.
Now alive ..... N.K.

27 Patient's birth order among chd'n born alive to mother
N.K.

28 Number of patient's children
born alive ..... N.K.
Now alive ..... N.K.

29 Patient treated at other psychiatric unit or hospital
1 Yes
2 No
3 N.K.
If in-patient treatment, how many times
N.K.

30 Relatives treated at psychiatric unit or hospital
1 Yes
2 No
3 N.K.

31 Twin
1 No 5 Same sex
2 Yes, alive 6 Not same sex
3 Yes, dead 7 Sex N.K.
4 N.K. if twin

32 Address in Camberwell
1 Yes

33 Month and year of birth

ADULTS' DEPARTMENT

FRAME 1 — OUT-PATIENTS (1)

40 Previous discharges in this triennium from (Hosp. / O.P.D.) [58]
1 None / None
2 1 or more / None
3 1 or more / 1 or more
4 Warded Out-patient
5 Warded O.P. (again)

41 Physicians [59-61]

42 Registrars

43 Referred from [62]
1 Outside 3 I.P.D. 4 D.P.D.

44 Interim transfer to [63]
1 O.W. 3 I.P.D. 4 D.P.D.

45 First seen at emergency clinic [64]
1 Yes 2 No

46 No. of times seen at Emergency Clinic [65]

47 Social Case Work [66]
1 Yes 2 No

48 Special Investigations [67-68]

49 Treatment [69-70]

50 Mode of discharge [71]
1 By Doctor 4 Died
2 Lapsed 5 Suicide
3 Surveillance

51 Outcome [72]

52 Disposal [73-74]

53 No. of times seen [75]

54 Follow-up Yes No

55 Date of punching [76]

FRAME 2 — IN-PATIENTS

40 Previous discharges in this triennium from (Hosp. / I.P.D.) [58]
1 None / None
2 1 or more / None
3 1 or more / 1 or more

41 Physicians [59-61]

42 Registrars

43 Referred from [62]
1 Outside
2 O.P.D. 4 D.P.D.

44 [63-64]

46 Hospital and Adm. Ward [65]
1 Beth.
2 Maud.

47 Social Case Work [66]
1 Yes 2 No

48 Special Investigations [67-68]

49 Treatment [69-70]

50 Discharge against advice [71]
1 Yes 2 No

51 Outcome [72]

52 Disposal [73-74]

53 Duration of Stay [75]

54a To whom discharged and address

54b Next-of-kin (preferably younger for follow-up)

55 Date of punching [76]

FRAME 3 — OUT-PATIENTS (2)

40 Previous discharges in this triennium from (Hosp. / O.P.D.) [58]
1 None / None
2 1 or more / None
3 1 or more / 1 or more
4 Warded Out-patient
5 Warded O.P. (again)

41 Physicians [59-61]

42 Registrars

43 Referred from [62]
1 Outside 3 I.P.D. 4 D.P.D.

44 Interim transfer to [63]
1 O.W. 3 I.P.D. 4 D.P.D.

45 First seen at emergency clinic [64]
1 Yes 2 No

46 No. of times seen at Emergency Clinic [65]

47 Social Case Work [66]
1 Yes 2 No

48 Special Investigations [67-68]

49 Treatment [69-70]

50 Mode of discharge [71]
1 By Doctor 4 Died
2 Lapsed 5 Suicide
3 Surveillance

51 Outcome [72]

52 Disposal [73-74]

53 No. of times seen [75]

54 Follow-up Yes No

55 Date of punching [76]

FRAME 4 — DAY-PATIENTS

40 Previous discharges in this triennium from (Hosp. / D.P.D.) [58]
1 None / None
2 1 or more / None
3 1 or more / 1 or more

41 Physicians [59-61]

42 Registrars

43 Referred from [62]
1 Outside 3 I.P.D.
2 O.P.D.

44 [63]

45 [64]

46 Hospital [65]
1 Beth.
2 Maud.

47 Social Case Work [66]
1 Yes 2 No

48 Special Investigations [67-68]

49 Treatment [69-70]

50 Mode of Discharge [71]
1 By doctor 3 Died
2 Lapsed 4 Suicide

51 Outcome [72]

52 Disposal [73-74]

53 Duration of stay [75]

54 Follow up Yes No

55 Date of punching [76]

1 Name and address of Patient

The Bethlem Royal Hospital and The Maudsley Hospital

CHILDREN'S DEPARTMENT

1964 - 1966

2 Number in Register [1-5]

3 Name of School

Address

4 Secretary Care Committee

Address

5 Age [6]

Date of birth

6 Sex

1 M. 2 F. [7]

7 Religion

1 C. of E. 2 R.C. 3 Non-Con. 4 Jewish 5 Other 6 None 7 N.K. [8]

8 Referred by (frames overleaf)

O.P.(1)

I.P.

O.P.(2)

O.P.(3) [9-10]

9 No. of previous Discharges

from

O.P.D.

I.P.D. [11]

13 Dates of	O.P.(1)	I.P.	O.P.(2)	O.P.(3)
Application				
Admission				[12]
Discharge				[13]

10 Name and Address of General Practitioner — Telephone No.

14 Diagnosis — Code

Principal [14]

Accessory [15]

11 Name and Address of Nearest Relative (Give Initials) — Telephone No.

Profile

1 [16-17] 2 [18-19] 3 [20-21] 4 [22-23] 5 [24-25] 6 [26-27]

12 Patient accompanied by — Relationship

15 Cause of death

16 P.M. performed 1 Yes 2 No [28]

17 Occupation

of Supporter — Resd. N.K.

of Mother (if h'wife) — F.T. P.T. N.K.

Mother a h'wife [29-33]

18 Child cared for

1 at parents' home
2 at foster-parents' home
3 in institution
4 other 5 N.K. [34]

19 Country of birth of

Mother N.K. [35]

Father N.K. [36]

20 Age of mother at patient's birth

N.K. [37]

21 Marital status of mother

1 Single 5 Divorced
2 Married 6 Widowed
3 Sep. Jud. 7 N.K.
4 Sep. Non-J. 8 Married more than once [38]

22 Mother's age at first marriage

Unmarried N.K. [39]

23 Total no. of mother's children

Born alive N.K. [40]

Alive now N.K. [41]

24 Patient's birth order among children born alive to mother [42]

25 Relatives treated at B-M hospital

1 Yes
2 No
3 N.K. [43]

26 Relatives treated at other psychiatric unit or hosp.

1 Yes
2 No
3 N.K. [44]

27 Twin

1 No 5 Same sex
2 Yes, alive 6 Not same sex
3 Yes, dead 7 Sex N.K.
4 N.K. if twin [45]

28 Address in Camberwell

1 Yes [46]

29 Month and year of birth [47-49]

30 Seen by P.S.W. Yes No

Name of P.S.W.

CHILDRENS' DEPARTMENT

FRAME 1 — **OUT-PATIENTS (1)**

40 Previous discharges in this triennium from — Hosp. / O.P.D. [50]
1 None / None
2 1 or more / None
3 1 or more / 1 or more
4 Warded Out-patient
5 Warded O.P. (again)

41 Physicians [51-53]

42 Registrars

43 Referred from [54]
1 Outside 3 I.P.D.

44 Interim transfer to [55]
3 I.P.D.

47 Social case work [57]
1 Yes 2 No

48 Special investigations [58-59]

49 Treatment [60-61]

50 Mode of discharge [62]
1 By doctor 4 Died
2 Lapsed 5 Suicide
3 Surveillance

51 Outcome [63]

52 Disposal [64-65]

53 No. of times seen [66]

54

55

56 Follow-up Yes / No

57 Date of punching [67]

FRAME 2 — **IN-PATIENTS**

40 Previous discharges in this triennium from — Hosp. / I.P.D. [50]
1 None / None
2 1 or more / None
3 1 or more / 1 or more

41 Physicians [51-53]

42 Registrars

43 Referred from [54]
1 Outside
2 O.P.D.

44 [55]

46 Hospital and Adm. Ward [56]
1 Beth.
2 Maud.

47 Social Case Work [57]
1 Yes 2 No

48 Special investigations [58-59]

49 Treatment [60-61]

50 Discharge against advice [62]
1 Yes 2 No

51 Outcome [63]

52 Disposal [64-65]

53 Duration of Stay [66]

54a To whom discharged and address

54b Next-of-kin (for follow-up)

55 Date of punching [67]

FRAME 3 — **OUT-PATIENTS (2)**

40 Previous discharges in this triennium from — Hosp. / O.P.D. [50]
1 None / None
2 1 or more / None
3 1 or more / 1 or more
4 Warded Out-patient
5 Warded O.P. (again)

41 Physicians [51-53]

42 Registrars

43 Referred from [54]
1 Outside 3 I.P.D.

44 Interim transfer to [55]
3 I.P.D.

47 Social case work [57]
1 Yes 2 No

48 Special investigations [58-59]

49 Treatment [60-61]

50 Mode of discharge [62]
1 By doctor 4 Died
2 Lapsed 5 Suicide
3 Surveillance

51 Outcome [63]

52 Disposal [64-65]

53 No. of times seen [66]

54

55

56 Follow-up Yes / No

57 Date of punching [67]

FRAME 4 — **OUT-PATIENTS (3)**

40 Previous discharges in this triennium from — Hosp. / O.P.D. [50]
1 None / None
2 1 or more / None
3 1 or more / 1 or more
4 Warded Out-patient
5 Warded O.P. (again)

41 Physicians [51-53]

42 Registrars

43 Referred from [54]
1 Outside 3 I.P.D.

44 Interim transfer to [55]
3 I.P.D.

47 Social case work [57]
1 Yes 2 No

48 Special investigations [58-59]

49 Treatment [60-61]

50 Mode of discharge [62]
1 By doctor 4 Died
2 Lapsed 5 Suicide
3 Surveillance

51 Outcome [63]

52 Disposal [64-65]

53 No. of times seen [66]

54

55

56 Follow-up Yes / No

57 Date of punching [67]

THE BETHLEM ROYAL HOSPITAL AND THE MAUDSLEY HOSPITAL

DOMICILIARY SERVICE

* *Encircle as appropriate*

Number in Domiciliary Register .....

NAME OF DOCTOR PAYING VISIT	NAME AND ADDRESS OF PATIENT	NAME, ADDRESS, TELEPHONE No. AND KINSHIP OF NEAREST RELATI
6-7		

DATE OF* VISIT	DATE OF APPLICATION	NAME, ADDRESS AND TELEPHONE No. OF PATIENT'S PRIVATE DOCTOR
8-9		

AGE AND DATE OF BIRTH	* SEX	RELIGION *	MARITAL STATUS *	OCCUPATION
Age..... Date of Birth 10-11 ..... *N.K.	1. M 2. F 12	1. C. of E. 2. R. C. 3. Non. Con. 4. Jewish 5. Other 6. None 7. N.K. 13	1. Single 2. Married 3. Widowed 4. N.K. 5. Separated 6. Sep. Non-Jud. 7. Divorced 8. Engaged 14	N.K.* 15-

PRINCIPAL DIAGNOSIS	DISPOSAL RECOMMENDED
19-22	(Encircle appropriate number) 1. To Wards of Joint Hospital 5. To O.P.D. Joint Hospital 2. To Wards of Mental Hospital 6. To Day Hospital 3. To Observation Ward 7. Advice to G.P. 4. To Wards of other Hospital 8. Other disposal 23-

	Approximate distance of Patient's home from	Time of arriving at, and leaving Patient's home	
	Maudsley * Bethlem * .....miles * Encircle nearest to patient's home	Arrival ..... Departure	

VISITING DOCTOR'S NOTES

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