GROUP FOR THE PSYCHIATRY OF OLD AGE

Memorandum on Nurse Staffing Needs for the Hospital Service for the Elderly Mentally Ill*

1. Most of the elderly mentally ill accommodated by the hospital service are located in mental hospitals, and this state of affairs is likely to persist for a considerable time. Current standards of patient care are unacceptably low, and this is largely due to staff shortages, perhaps principally of nursing staff.

2. This situation has evolved out of the gradual ageing of the long-term psychotic in-patient group, plus the introduction into mental hospitals of large numbers of patients with poor self-care and heavy nursing needs arising because of organic brain syndromes, principally dementia.

3. Today, more than 45 per cent of the population of mental hospital patients is over 65, and in many hospitals half or more of these suffer from dementia. These demented patients, and many of the very old 'graduates' have very serious difficulties in self-care—such as incontinence (over 80 per cent suffer on some wards), dressing dyspraxia, mobility problems and feeding difficulties. Behavioural abnormality is often present, especially in the more ambulant patients.

4. Although hospital managers have tried to cope with this comparatively recent problem by re-allocating resources within mental hospitals, these have been seriously underfinanced in recent years, and satisfactory solutions have rarely been found.

5. There has been a serious lack of central guidance. HM 72/71 refers to the special problems of demented patients in paragraph 22 and states 'The nursing requirements are particularly demanding and a higher staffing level will be needed than for adult mental illness.'

6. The British Geriatric Society issued guidelines for staffing medical wards for the elderly in 1968. These were 1 nurse to 1·25 patients in acute or 'category 1' beds, and 1 nurse to 1·5 patients in continuing care or 'category 2' beds. The Millar report, reviewing the needs of the elderly mentally ill in hospitals in Scotland, commented in para 117, 'We are in broad agreement with the recommendations of the British Geriatric Society . . . and we consider that these recommendations could be applied to psychogeriatric units.'

7. Studies of the actual nursing workload arising out of the care of these patients are rare, but one carried out in Doncaster recently revealed that in an average week, 30 aged mentally ill patients required 671 hours of nursing time, plus night cover, and that 23·1 nurses were required to fill the need, a nurse patient ratio of 1 nurse to 1·20 patients.

8. The norm for psychiatric nurse staffing set by the Department of Health in 1974 was 1 nurse to 3 patients. There are currently about 43,000 psychiatric nurses working in England and Wales, or 90 nurses per 100,000 population (*Better Services for the Mentally Ill*, 1975). The Department proposes a basic provision of 85 per 100,000 rising to 100 per 100,000 as resources permit, but this provision would cover all aspects of psychiatric nursing care, and not solely the treatment of in-patients.

9. As psychiatrists concerned for the welfare of the elderly mentally ill it is our duty to draw attention to the current inadequacy of the nursing provision for this group of patients. We should adopt two policies in an attempt to remedy the deficiency, the first based upon improving the lot of in-patients already under treatment, and the second a proposed model service for the elderly mentally ill based upon a total population of 100,000 people.

Policy 1

Wards in mental illness hospitals caring for the elderly should be designated '*Wards for the elderly mentally ill*'.

They should be divided into '*Acute treatment*' and '*Aftercare*' wards depending upon their function.

The following nurse staffing norms should be proposed

Acute wards	1 to 1·20 patients
Aftercare wards	1 to 1·50 patients

Although a 'blanket' provision is proposed, it is possible to identify differing functions among aftercare wards which include the following:

Heavy Dependency Wards

These contain patients with severe chronic brain syndromes often complicated by extreme frailty and physical ill health which has developed while the patient has been resident in the hospital. Incontinence of urine is the rule, incontinence of faeces a frequent problem and mobility problems which demand that movement requires the assistance of two attendants are common. Such wards should be of small size (preferably of not more than 25 beds), well provided

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with aids to nursing the physically handicapped and have a ratio of 1 nurse to 1·20 patients.

Medium Dependency Wards

These wards contain patients with severe chronic brain syndromes who are normally continent with regular habit-training regimes, but who are severely confused, sometimes aggressive and frequently restless. They need a great deal of supervision and carefully monitored diversionary activities. A ratio of 1 nurse to 1·5 patients is necessary.

Low Dependency Wards

These wards do not exist in many hospitals, especially where local authority residential care facilities are coping with the less severely demented. In essence the patients are no more than moderately demented and show reasonable levels of self care, but are inclined to wander and to show restless behaviour at nights. Where they do exist such wards demand a staffing ratio of 1 nurse to 2·0 patients with staff concentrating on habit training, social skills training and diversionary activities.

Rehabilitation Wards for 'Graduates'

About 20 per cent of the long-stay population of the mental hospitals are 'graduates' who have passed their 60th birthday. Many are light nursing problems but lack social skills and initiative. It is often difficult to rehabilitate these patients individually, but group rehabilitation linked to the provision of aftercare by the local authority social services department—often by the provision of a long-stay hostel—is much more successful. If more active rehabilitation of graduates s to be attempted, multidisciplinary skills are demanded, including nursing skills. The level of nurse staffing required would be 1 nurse to each 1·5 patients participating in the rehabilitation programme.

Policy 2

We should evolve a model District Service for the Elderly Mentally Ill as follows:

1. Assume total population = 100,000
2. Assume 15 per cent over 65 = 15,000

		Nurses
Acute treatment beds	(1 per 1,000) = 15	12·5
Aftercare beds	(3 per 1,000) = 45	30·0
Day hospital places	(2 per 1,000) = 30	6·0
Community nurse assessment and treatment		2·0
	Total	50·5

Nurse Training and Experience

Nursing the elderly mentally ill calls for knowledge and experience of both mental and physical nursing skills and in particular of geriatric nursing skill. There is a great need for psychiatric nurses who wish to work in this field to obtain training experience in geriatric nursing.

The doubly qualified nurse holding both SRN and RMN certificates is particularly valuable in the assessment unit or the day hospital for the elderly psychiatric patient, and we would recommend that charge nurses on such units should be so qualified wherever possible.

The number of trained staff should be approximately equal to the numbers of nursing assistants and students in the acute assessment and treatment situation, and in aftercare wards the proportion of trained to all staff should not fall below 1 in 3.

Addendum

To many practising doctors '*norms*' have little meaning; they are more concerned with the number of nurses on a ward. We would suggest the following *minimum* nursing staff provision:

Acute wards (30 beds)	6 nurses on duty between 8.00 am and 9.00 pm.
	2 nurses on night duty.
Chronic wards (30 beds)	4 nurses on duty by day, 2 at night.

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There will be a Day Conference on 'Psychiatric Services for the Elderly' on Monday, 6 February, at the Royal Society of Medicine, 1 Wimpole Street, London W1. Programme and application form from the Royal College of Psychiatrists (telephone 235 2351: ext. 30).