
The Tenth Annual TAPS Conference

From a group meeting in one room at Friern Hospital, the annual conferences of TAPS (Team for the Assessment of Psychiatric Services) have grown after ten years to overflowing a large hall, with participants from many countries. Dr Rachel Jenkins of the Department of Health, in introducing the meeting, emphasised that mental illness now had a central place in national health targets. The reduction of suicide was a special objective, particularly as it is now estimated that one in six of the severely mentally ill eventually kill themselves. She pointed out that although this conference was focused on deinstitutionalisation, there had been very little research on why such major national differences in this process had occurred.

The Honorary Director of TAPS, Professor Julian Leff, presented data on the five-year follow-up of four annual cohorts of long-stay, non demented patients; 359 were originally seen at Friern and Claybury Hospitals, and of these less than 5% went out to live with relatives. Only six patients appeared to have become vagrant, and these were all in the first year, representing a contrast with the US situation. Between Year 1 and Year 5, there were 5 suicides, of which 2 occurred in hospital and none in a staffed home (where 78% of the resettled patients are now living). These homes have proved to be effective both in keeping people in the system of care and in monitoring their mental health needs. However, in this five-year period, there was a steady increase in the physical ill-health of the sample, including incontinence and problems of mobility; this meant a greater need for nursing care and it has implications for both the staffing and design of homes, since fewer patients will be able to climb stairs as time goes on. The overall mortality of the sample was significantly higher than that of the general population. Patients' mental states were generally stable, though the 10% improvement in negative symptoms in the first year did not increase further. The proportion who said they found medication helpful increased (55% to 75%), while problems of compliance reduced. Residents generally became steadily more satisfied with their increased freedom, but their contacts with relatives deteriorated, even when these lived nearby.

Professor Leff emphasised that this generally successful picture represented a very well funded and well managed programme – circumstances which are unlikely to exist everywhere. Also, the patients in these cohorts were those discharged

earlier, who were on the whole the less disabled from the sample. When data from the total group are known, the conclusions may not be so encouraging.

The economic aspects of the programme were presented by Professor Martin Knapp, who said that the costs of care are dominated by accommodation, which accounts for 87% of the total. If 'waking' night care has to be provided, this greatly increases the cost. Currently the weekly cost of a patient in hospital is £595, and that of one in community care £666 (a statistically significant difference). As the later cohorts – which contain more disabled people – leave hospital, the cost of care in the community increases steadily. However, the overall figure conceals marked variation in different kinds of community residences, e.g. private, local authority, voluntary.

From the US perspective, Professor Leone Bachrach pointed out that the beginnings of deinstitutionalisation, around 1960, was marked by an alliance between social reformers, seeking more humane care, and fiscal reformers who aimed to reduce the cost of hospitalisation. As a result, the number of resident patients in American mental hospitals has fallen by 88% since 1955, though this downsizing ought to be only part of the 'deinstitutionalisation' process. At present there are probably at least 2½ million long-term mentally ill in the country, of whom not more than 3% are in hospitals. However, every aspect of the situation – e.g. services, patients, political conditions – is so much in flux that future trends have become very uncertain.

As a psychiatrist who has worked in China for some years, Dr Michael Phillips said that several innovative models of psychiatric rehabilitation have developed there, most prominently in Shanghai. His principal conclusions were, firstly, that the major goal is to increase patients' social functioning, which depends greatly on the community's response; therefore, services must be acceptable to the community, whose attitudes are not easily changed by information. Secondly, since no uniform pattern is appropriate everywhere, flexibility must be incorporated into services, so that they can adapt to political and other changes; excessive bureaucracy should be avoided as far as possible. Thirdly, since innovative programmes have already been developed, the main problem is to encourage their generalisation. The social, political, and economic factors which either promote or hinder this spread need to be better understood.

Other sessions heard data from research studies in several countries. Professor Peter Tyrer reported a comparison of vulnerable patients from inner London, who received either standard follow-up care or close supervision by a nominated key worker. The latter had more success in maintaining contact, but led to much greater use of hospital beds; this could only be reduced by the back-up of a multidisciplinary team, which would require social workers to return to full participation in them.

Similar results from the COSTAR programme in inner-city Baltimore, which uses the PACT model developed in Madison, Wisconsin, were reported by Professor William Breakley. From Manchester, Professor Francis Creed said that a cost-benefit study of day hospital treatment found that it could treat up to 40% of potential in-patient admissions, at much less cost and without extra burden on carers. Additional help from a CPN allowed significantly more severe illness to be treated by the day hospital. From St.

George's Hospital, it was reported that GPs in eight practices had been trained to use a brief interview to assess the long-term mentally ill. This could lead to improved care, but the doctors were unable or unwilling to repeat such assessments regularly, so that extra training or resources would be needed if the care of such patients in general practice is to be widely improved.

In a summary of TAPS findings up to now, it was pointed out that two-thirds of the 'difficult to place' patients from Friern Hospital were new long-stay, and that such patients will continue to arise from a community-based service. They will consequently fill up any places which become vacant in a local unit for cases with special needs. Further information from this important research programme will be awaited with interest.

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