PSYCHIATRIC DAY-CARE IN BIRMINGHAM

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The first psychiatric day-hospital in the United Kingdom was established in 1946 through the initiative of Bierer. This innovation was received with some scepticism (Bierer, 1955) and five years passed before a second day-hospital was created. Interest gradually increased, and by 1959 there were at least 38 psychiatric day-hospitals (Farndale, 1961). In the early sixties the movement received an impetus from the drive to reduce the number of in-patient beds in mental hospitals, and by 1966 the number of day-hospitals had increased to 65.

In recent years a growing emphasis on community psychiatry has stimulated clinicians and administrators to take an interest in day-patient care. Large numbers of patients throughout the country are currently enrolled as day-patients. It is therefore clearly important to examine the functioning of existing psychiatric day-patient services. Few systematic studies have been carried out so far.

The aim of the present study was to examine the functioning of the seven day-patient services in the City of Birmingham. The procedure was to identify the population of patients attending these facilities, to examine the social and psychiatric characteristics of these patients, and to follow their progress in the day-hospital over a 12-month period.

This paper presents the findings of the first stages of the enquiry. The day-hospital facilities are described; the demographic and diagnostic characteristics and previous psychiatric histories of the patients are presented.

BIRMINGHAM DAY-PATIENT SERVICES

Psychiatric day-care facilities in Birmingham serve a catchment area of some 1,250,000 persons. The facilities differ widely in their type of provision. The number of new psychiatric day-patients per annum has risen from 442 in 1961 (when day-patients were first officially recorded) to 1,439 in 1969. Day care is divided between four large psychiatric hospitals, A, B, C, and D, in descending order of size, and three small psychiatric units, hospitals E, F, and G, also in descending order.

Large hospital A had almost 1,100 beds in 1963 but by the end of the survey year (1968) a vigorous

discharge programme to alleviate in-patient overcrowding had reduced the number by approximately 300. This policy was in part implemented by discharging long-term patients to day-care with the result that hospital A has the largest number of day-patients in the City. Most of the day-patients are accommodated in four prefabricated buildings in the hospital grounds, some attend two industrial therapy units outside the hospital, while a few attend in-patient wards.

Large hospital B has separate day-facilities for a group of elderly women where they do occupational therapy or light contract work and have their meals. All other day-patients attend the in-patient wards and share the in-patients' programme. A consultant geriatrician is on the staff and a large proportion of elderly patients are referred for care.

Large hospital C has a separate building in the hospital grounds where about a quarter of the day-patients are accommodated. Here community meetings and group therapy form the basis of a regime not unlike that of the small units, but, since the staff/patient ratio is less favourable, treatment is necessarily less intensive. The remainder of the day-patients are allocated to in-patient wards where they take part in the in-patient programme.

Large hospital D has no separate facilities for day-patients, all of whom attend the in-patient wards. There is a large and active occupational therapy unit for in-patients and day-patients.

Small hospital E has 23 in-patient beds. During the day all activities are shared by in-patients and day-patients. Analytically orientated group therapy and community meetings form a substantial part of the programme, while relaxation sessions, listening to music, play reading, and traditional and new forms of occupational therapy are also practised.

Small hospital F, opened in 1966, is the newest of the small units. It has 70 in-patient beds. In-patients and day-patients share the same programme most of the time, though some group meetings are for day-patients only. The emphasis is almost entirely on group therapy, including therapeutic, community, and activity groups.

Small hospital G has 32 in-patient beds. Patients

often move from in-patient to day-patient care, but the two groups are usually separate, even at meal times. The time-table and activities are otherwise much the same as at hospital E, except that the staff/patient ratio is smaller and the group therapy is not analytically based.

DESIGN AND METHOD

Two possible methods of studying psychiatric day-patients were considered. One alternative was to study admissions to day-patient facilities over a period of time, and the other was to take a census of all day-patients attending at a point in time. The first method has been adopted by several authors (Silverman, 1965; Baker, 1969; Department of Health and Social Security, 1969). There appear to have been no previous studies of psychiatric day-patients based on the census method. For the present enquiry it was decided to take a census, on the grounds that a survey of admissions might run the risk of missing 'chronic' day-patients, who could conceivably form a sizeable hard core with special characteristics.

A census was taken of all day-patients attending the seven psychiatric day-care facilities in Birmingham during the week 24 to 30 November 1968. For each patient a precoded item sheet was completed from hospital case-notes. Basic demographic data, such as age, sex, civil status, and home address, were recorded. Patients were allocated to diagnostic categories by scrutiny of their case-notes. The diagnoses of all patients at the small hospitals were checked with the medical staff concerned, as were any doubtful cases at the large hospitals.

The range of data collected can be summarized under three headings:

- (1) the demographic and diagnostic characteristics of the day-hospital population during the census week;
- (2) a retrospective record of day-patient attendances dating back to time of admission, together with duration of present illness and any previous psychiatric treatment; and
- (3) a 12-month prospective follow-up of course and outcome.

This paper is concerned with (1) and (2) above.

RESULTS

DISTRIBUTION OF PATIENTS BY HOSPITAL

The distribution of day-patients by hospital and sex is set out in Table I. Also shown for comparison is the distribution of in-patients by hospital at the end of 1968.

During the census week the total number of day-patients attending the seven day-hospital facilities

TABLE I
DISTRIBUTION OF PATIENTS BY HOSPITAL AND SEX

Hospital	No. of Day-patients			No. of In-patients 31 Dec. 1968
	M	F	Total	
Large hospitals				
A	154	188	342	797
B	38	66	104	998
C	23	62	85	784
D	13	39	52	601
Total	228	355	583	3,180
Small hospitals				
E	12	14	26	23
F	6	13	19	70
G	9	10	19	30
Total	27	37	64	123
Grand Total	255	392	647	3,303

in Birmingham was 647. The corresponding number of in-patients was 3,303.

It can be seen that 583 of the day-patients were attending the four large hospitals, and of these 342 were attending hospital A. Only 64 day-patients were attending the three small hospitals. Because of this uneven distribution, and for the sake of brevity in the presentation of results, hospital A will be treated separately, the other three large hospitals (B, C, D) will be grouped together, as will the three small hospitals (E, F, G).

AGE AND SEX

The age and sex distribution of the census population is shown in Table II. The ratio of males to females among all day-patients was 2:3. The sex ratio was of approximately the same order for each of the seven day-hospitals.

A notable finding was that 24% of the total population were women aged 65 or over, of whom the great majority were attending large hospitals. The preponderance of elderly women at these hospitals is reflected in the skewed age-sex distribution. Thus 18% of the males and 44% of the females were aged 65 or over; roughly equal proportions of the males (43%) and females (38%) were in the 45-64 age group; while 40% of males and only 18% of females were 44 years of age and under. In short, the proportions of patients in the youngest and oldest age groups are reversed between the sexes.

This pattern of distribution was found in all the large hospitals. In large hospital B, where there is a special interest in psycho-geriatrics, patients aged 65 or over contributed 60% to the total.

In the small hospitals, three-quarters of all patients were aged under 44 years, while only 3%

(2 patients) were aged 65 or over. The age distributions for the two sexes were similar.

CIVIL STATUS

The civil status of the census population by type of hospital and sex is shown in Table III. Sizeable proportions of all patients were single, separated, divorced, or widowed in both the large hospitals (61%) and the small hospitals (53%). These proportions were excessive when compared with the general population, as is evident from Table IV which shows the observed and expected numbers (on the basis of age-structure) of patients with respect to civil status.

DIAGNOSTIC DISTRIBUTION BY HOSPITAL

All depressive illnesses, and manic-depressive psychoses, were grouped together under the heading 'affective disorders'. In the category 'other' were included personality disorders, addiction, non-senile organic conditions, such as epilepsy, and several cases of mental subnormality complicated by psychiatric disturbance. Table V shows that in the large hospitals schizophrenia was the most frequent

diagnosis, and accounted for 40% of all patients, 49% of males and 33% of females. Hospital A had the greatest proportion of schizophrenic patients (53%) followed by hospital C (25%, not shown in Table V).

The second most frequently occurring diagnosis in the large hospitals was affective disorders, which included 30% of patients. Here the sex differential noted for schizophrenia was reversed; 21% of males and 35% of females suffered from an affective disorder. Only 3% of all day-patients in the large hospitals were diagnosed as neurotic, and 2% as having personality disorders.

TABLE III
SEX AND CIVIL STATUS DISTRIBUTIONS (per cent) BY TYPE OF HOSPITAL

Type of Hospital	Single	Married	Separated	Widowed	Divorced	Total
<i>Males</i>						
Hospital A	54.9	34.6	3.3	2.6	4.6	100.0 (153)
Other large hospitals	35.1	51.3	1.4	1.4	10.8	100.0 (74)
All large hospitals	48.5	40.1	2.6	2.2	6.6	100.0 (227)
Small hospitals	51.9	44.4	3.7	—	—	100.0 (27)
All hospitals	48.8	40.5	2.8	2.0	5.9	100.0 (254)*
<i>Females</i>						
Hospital A	34.4	33.9	6.4	1.1	24.2	100.0 (185)
Other large hospitals	17.4	41.9	0.6	3.0	37.1	100.0 (167)
All large hospitals	26.4	37.7	3.7	2.0	30.3	100.1 (372)
Small hospitals	37.8	48.7	—	2.7	10.8	100.0 (37)
All hospitals	28.5	37.7	3.3	2.0	28.5	100.0 (389)†
<i>Both sexes</i>						
Hospital A	43.6	34.2	5.0	1.8	15.4	100.0 (338)
Other large hospitals	22.8	44.8	0.8	2.5	29.1	100.0 (241)
All large hospitals	35.0	38.6	3.3	2.1	21.0	100.0 (579)
Small hospitals	43.7	46.9	1.6	1.6	6.2	100.0 (64)
All hospitals	35.9	39.5	3.1	2.0	19.5	100.0 (643)‡

*1 patient not known
†3 patients not known
‡4 patients not known

TABLE IV
CIVIL STATUS: OBSERVED AND EXPECTED NUMBERS OF DAY-PATIENTS ON BASIS OF AGE STRUCTURE

	Single	Married	Others	Total
<i>Males</i>				
Exp.	50	190	14	254
Obs.	124	103	27	254*
<i>Females</i>				
Exp.	56	229	104	389
Obs.	111	146	132	389*

*1 male and 3 female patients not known

TABLE II
AGE AND SEX DISTRIBUTION (per cent) BY TYPE OF HOSPITAL

Type of Hospital	Age Group				Total
	<25	25-44	45-64	65+	
<i>Males</i>					
Hospital A	8.5	36.6	46.4	8.5	100.0 (153)*
Other large hospitals	6.8	21.6	35.1	36.5	100.0 (74)
All large hospitals	7.9	31.7	42.7	17.6	99.9 (227)
Small hospitals	33.3	44.4	18.5	3.8	100.0 (27)
All hospitals	10.6	33.1	40.2	16.1	100.0 (254)
<i>Females</i>					
Hospital A	0.5	17.0	45.7	36.7	99.9 (188)
Other large hospitals	5.5	12.8	29.9	51.8	100.0 (164)†
All large hospitals	2.8	15.1	38.3	43.8	100.0 (352)
Small hospitals	21.6	51.4	24.3	2.7	100.0 (37)
All hospitals	4.6	18.5	37.0	39.9	100.0 (389)
<i>Both sexes</i>					
Hospital A	4.1	25.8	46.0	24.1	100.0 (341)
Other large hospitals	5.9	15.5	31.5	47.1	100.0 (238)
All large hospitals	4.8	21.6	40.1	33.5	100.0 (579)
Small hospitals	26.6	48.4	20.9	3.1	100.0 (64)
All hospitals	7.0	24.3	38.1	30.6	100.0 (643)‡

*1 patient not known
†3 patients not known
‡1 male and 3 female patients not known

In the small hospitals the diagnostic group with the highest frequency was affective disorder (45%). A markedly greater proportion of the female day-patients (54%) than of the males were in this category. The second largest group for both sexes was the neuroses (23%) followed by personality disorders (17%). Only 8% (5 patients) were diagnosed as schizophrenic.

To summarize, the large hospitals had a major group of schizophrenic patients, a substantial number of affective disorders, and few patients with neuroses or personality disorders. On the other hand, the small hospitals had a major group of affective disorders, a substantial number of patients with neuroses and personality disorders, and few schizophrenics.

DIAGNOSTIC DISTRIBUTION BY AGE AND SEX

Table VI shows an interesting variation for schizophrenia with respect to age and sex. When the two sexes are taken together, schizophrenia is the most frequent diagnosis for the three age groups less than 65 years (35%, 46%, 45%), while over the age of 65 schizophrenia (19%) is less frequent than affective disorder (33%) and senile psychoses (40%). The

TABLE VI
DIAGNOSTIC DISTRIBUTIONS (per cent) BY AGE GROUP AND SEX

Age Group	Senile Psychosis	Schizo-phrenia	Affective Disorder	Neurosis	Other	Total
<i>Males</i>						
<25	—	42.9	17.8	7.1	32.1	99.9 (28)
25-44	—	59.7	12.2	11.0	17.1	100.0 (82)
45-64	2.0	47.5	30.3	2.0	18.2	100.0 (99)
65 and over	45.2	11.9	28.5	—	14.3	99.9 (42)
All ages	8.4	45.0	22.7	5.2	18.7	100.0 (251)*
<i>Females</i>						
<25	—	22.2	38.9	33.3	5.6	100.0 (18)
25-44	—	31.0	38.0	9.9	21.1	100.0 (71)
45-64	2.1	43.0	38.7	4.2	12.0	100.0 (142)
65 and over	38.1	20.7	34.8	0.6	5.8	100.0 (155)
All ages	16.1	30.8	37.0	5.2	10.9	100.0 (386)†
<i>Both sexes</i>						
<25	—	34.8	26.1	17.4	21.7	100.0 (46)
25-44	—	46.4	24.2	10.5	18.9	100.0 (153)
45-64	2.1	44.8	35.3	3.3	14.5	100.0 (241)
65 and over	39.6	18.8	33.5	0.5	7.6	100.0 (197)
All ages	13.0	36.4	31.4	5.2	13.9	99.9 (637)‡

*4 patients not known
†6 patients not known
‡10 patients not known

TABLE V
DIAGNOSTIC DISTRIBUTIONS (per cent) BY TYPE OF HOSPITAL AND SEX

Type of Hospital	Senile Psychosis	Schizo-phrenia	Affective Disorder	Neurosis	Other	Total
<i>Males</i>						
Hospital A	2.0	57.3	20.7	3.3	16.7	100.0 (150)
Other large hospitals	24.3	32.4	23.0	1.3	18.9	99.9 (74)
All large hospitals	9.4	49.1	21.4	2.7	17.4	100.0 (224)
Small hospitals	—	11.1	33.3	25.9	29.6	99.9 (27)
All hospitals	8.4	45.0	22.7	5.2	18.7	100.0 (251)*
<i>Females</i>						
Hospital A	5.4	49.7	28.6	3.8	12.4	99.9 (185)
Other large hospitals	31.7	15.2	42.7	3.0	7.3	99.9 (164)
All large hospitals	17.8	33.5	35.2	3.4	10.0	99.9 (349)
Small hospitals	—	5.4	54.1	21.6	18.9	100.0 (37)
All hospitals	16.1	30.8	37.0	5.2	10.9	100.0 (386)†
<i>Both sexes</i>						
Hospital A	3.9	53.1	25.1	3.6	14.3	100.0 (335)
Other large hospitals	29.4	20.6	36.6	2.5	10.9	100.0 (238)
All large hospitals	14.5	39.6	29.8	3.1	12.9	99.9 (573)
Small hospitals	—	7.8	45.3	23.4	23.4	99.9 (64)
All hospitals	13.0	36.4	31.4	5.2	13.9	99.9 (637)‡

*4 patients not known
†6 patients not known
‡10 patients not known

proportion of elderly women diagnosed as schizophrenic is almost double that of the men.

The findings for affective disorder also show variations with age and sex. This type of disorder was far more prevalent in females, involving over one-third of females in each of the four age groups. In males there are lower proportions of this diagnostic category in the two youngest age groups.

SOURCE OF REFERRAL TO DAY-PATIENT CARE

Distributions by source of referral are given in Table VII. More than three-quarters (79%) of the patients attending hospital A were referred directly from in-patient status as compared with 64% for the other large hospitals and 50% for the small units. Referrals from out-patients accounted for 15% of the patients at hospital A and 24% of those at other large hospitals; the proportion (41%) for the small units was much higher. The miscellaneous group which included domiciliary visits, general practitioner referrals, and mental health officer admissions, in that order of magnitude, accounted for 9% of patients in both types of hospital. The proportion of males admitted from these sources was almost

twice the female proportion. The reasons for this difference are obscure.

Analysis of referral source by sex and age group (large and small hospitals combined) shows that of patients aged under 25 years, 57% were referred from in-patient care; the proportion increases over subsequent age groups and nearly three-quarters of those aged 65 years or over were referred from this source. The converse is true of the proportion referred from out-patients; thus only five elderly men (12%) and 21 elderly women (13%) were referred from this source.

DURATION OF IN-PATIENT CARE IMMEDIATELY BEFORE REFERRAL

Altogether 449 patients were referred to day-care directly from in-patient status and 417 of these were in the large hospitals. Table VIII shows the distribution of the length of in-patient admission immediately preceding referral to day-care; two patients for whom the information was not obtainable are excluded.

One-quarter of all census patients in the large hospitals had been in-patients for less than one month. The proportions for men and women are

TABLE VII
SOURCE OF REFERRAL BY TYPE OF HOSPITAL AND SEX (per cent)

Type of Hospital	Psy. I.P.	Psy. O.P.	Other	Total
	<i>Males</i>			
Hospital A	76.7	14.7	8.7	100.1 (150)
Other large hospitals	60.8	20.3	18.9	100.0 (74)
All large hospitals	71.4	16.5	12.1	100.0 (224)
Small hospitals	44.4	40.7	14.8	99.9 (27)
All hospitals	68.5	19.1	12.4	100.0 (251)*
	<i>Females</i>			
Hospital A	80.2	15.5	4.4	100.1 (187)
Other large hospitals	65.2	25.6	9.1	99.9 (164)
All large hospitals	73.2	20.2	6.6	100.0 (351)
Small hospitals	54.1	40.5	5.4	100.0 (37)
All hospitals	71.4	22.2	6.5	100.1 (388)†
	<i>Both sexes</i>			
Hospital A	78.6	15.2	6.2	100.0 (337)
Other large hospitals	63.9	23.9	12.2	100.0 (238)
All large hospitals	72.5	18.8	8.7	100.0 (575)
Small hospitals	50.0	40.6	9.4	100.0 (64)
All hospitals	70.3	20.9	8.8	100.0 (639)‡

*4 patients not known

†4 patients not known

‡8 patients not known

TABLE VIII
LENGTH OF IN-PATIENT ADMISSION IMMEDIATELY PRECEDING REFERRAL TO DAY-CARE BY TYPE OF HOSPITAL AND BY SEX (per cent)

Type of Hospital	In-patient Admission					Total
	< 1 mth	-6 mth	- 1 yr	- 2 yr	2 yr +	
	<i>Males</i>					
Hospital A	29.2	38.9	8.0	7.1	16.8	100.0 (113)
Other large hospitals	15.6	51.1	22.2	4.4	6.7	100.0 (45)
All large hospitals	25.3	42.4	12.0	6.3	13.9	99.9 (158)
Small hospitals	58.3	41.7	—	—	—	100.0 (12)
All hospitals	27.6	42.4	11.2	5.9	12.9	100.0 (170)
	<i>Females</i>					
Hospital A	21.3	41.3	7.3	4.7	25.3	99.9 (150)
Other large hospitals	27.1	58.9	7.5	2.8	3.7	100.0 (107)
All large hospitals	23.7	48.6	7.4	3.9	16.3	99.9 (257)
Small hospitals	35.0	55.0	10.0	—	—	100.0 (20)
All hospitals	24.5	49.1	7.6	3.6	15.2	100.0 (277)
	<i>Both sexes</i>					
Hospital A	24.7	40.3	7.6	5.7	21.7	100.0 (263)
Other large hospitals	23.7	56.6	11.8	3.3	4.6	100.0 (152)
All large hospitals	24.3	46.3	9.2	4.8	15.4	100.0 (415)
Small hospitals	43.8	50.0	6.2	—	—	100.0 (32)
All hospitals	25.7	46.5	9.0	4.5	14.3	100.0 (447)

*2 patients not known

almost equal, although there are differences between the sexes for hospital A and for the other large hospitals when considered separately. At the other end of the spectrum, 20% of the day-patients in the large hospitals had been in-patients for more than one year, most of whom were attending hospital A. Within this long-stay group almost half had been in-patients for 15 years or longer, of whom there were more than twice as many females as males.

None of the patients at the small units fell into this long-stay category and only two became day-patients after an in-patient stay of more than six months.

DURATION OF OUT-PATIENT ATTENDANCE IMMEDIATELY BEFORE REFERRAL

As mentioned above, only one-fifth of the total census population was referred from psychiatric out-patient departments. In the large hospitals, 82 patients (71%) so referred had been out-patients for less than a month, and 60 of these for less than a week.

In the small units more than half of those referred from out-patients had attended there for less than a week and only four for more than six months.

These results suggest that for many patients out-patient attendance was for assessment rather than treatment.

NUMBER OF PREVIOUS ADMISSIONS TO ANY PSYCHIATRIC HOSPITAL

Percentage distributions of patients with respect to the number of in-patient admissions prior to day-care are given in Table IX. The percentages of male and female patients at the large hospitals are similar, except for those with more than five previous admissions—9% of males and 15% of females. Only a small proportion (12%) of day-patients attending the large hospitals had had no in-patient admissions.

The results for hospital A differ from those for the other large hospitals in that only 7% of hospital A patients had never been in-patients at any time as compared with 18% of those attending the other large hospitals.

In the small units, 39% of day-patients had never had a psychiatric admission, there being little difference between the proportions of males (37%) and females (40%). About one-third of the patients

TABLE IX
NUMBER OF PREVIOUS ADMISSIONS BY TYPE OF HOSPITAL BY SEX (per cent)

Type of Hospital	No. of Previous Admissions							Total
	None	1	2	3	4	5	>5	
<i>Males</i>								
Hospital A	8.0	34.0	18.7	14.7	9.3	4.6	10.7	100.0 (150)
Other large hospitals	19.4	23.6	25.0	15.3	8.3	4.2	4.2	100.0 (72)
All large hospitals	11.7	30.6	20.7	14.9	9.0	4.5	8.6	100.0 (222)
Small hospitals	37.0	44.4	3.7	3.7	3.7	7.4	—	99.9 (27)
All hospitals	14.4	32.1	18.9	13.7	8.4	4.8	7.6	99.9 (249)*
<i>Females</i>								
Hospital A	5.9	35.5	21.0	7.5	7.5	6.5	16.1	100.0 (186)
Other large hospitals	17.8	30.7	17.2	14.7	3.1	3.1	13.5	100.1 (163)
All large hospitals	11.5	33.2	19.2	10.9	5.4	4.9	14.9	100.0 (349)
Small hospitals	40.5	27.0	13.5	2.7	10.8	2.7	2.7	99.9 (37)
All hospitals	14.2	32.6	18.7	10.1	6.0	4.7	13.7	100.0 (386)†
<i>Both sexes</i>								
Hospital A	6.8	34.8	19.9	10.7	8.3	5.7	13.7	99.9 (336)
Other large hospitals	18.3	28.5	19.6	14.9	4.7	3.4	10.6	100.0 (235)
All large hospitals	11.6	32.2	19.8	12.4	6.8	4.7	12.4	99.9 (571)
Small hospitals	39.1	34.4	9.4	3.1	7.8	4.7	1.6	100.1 (64)
All hospitals	14.3	32.4	18.7	11.5	6.9	4.7	11.3	99.8 (635)‡

*6 patients not known
†6 patients not known
‡12 patients not known

TABLE X
AGE AT FIRST ADMISSION BY TYPE OF HOSPITAL BY SEX (per cent)

Type of Hospital	Age (yr) at First Admission					Total
	No. Admissions	<25	25-44	45-64	65 & over	
<i>Males</i>						
Hospital A	8.1	14.8	46.3	26.2	4.7	100.1 (149)
Other large hospitals	19.4	11.1	22.2	29.2	18.1	100.0 (72)
All large hospitals	11.8	13.6	38.5	27.1	9.0	100.0 (221)
Small hospitals	37.0	18.5	25.9	14.8	3.7	99.9 (27)
All hospitals	14.5	14.1	37.1	25.8	8.5	100.0 (248)*
<i>Females</i>						
Hospital A	5.9	4.9	33.5	31.4	24.3	100.0 (185)
Other large hospitals	17.8	4.9	15.3	30.7	31.3	100.0 (163)
All large hospitals	11.5	4.9	25.0	31.0	27.6	100.0 (348)
Small hospitals	40.5	16.2	27.0	13.5	2.7	99.9 (37)
All hospitals	14.3	6.0	25.2	29.3	25.2	100.0 (385)†
<i>Both sexes</i>						
Hospital A	6.9	9.3	39.2	29.0	15.6	100.0 (334)
Other large hospitals	18.3	6.8	17.4	30.2	27.2	99.9 (235)
All large hospitals	11.6	8.3	30.2	29.5	20.4	100.0 (569)
Small hospitals	39.1	17.2	26.6	14.1	3.1	100.1 (64)
All hospitals	14.4	9.2	29.9	28.0	18.6	100.1 (633)‡

*7 patients not known
†7 patients not known
‡14 patients not known

had had a single admission (44% of men and 27% of women) and about a quarter had had more than one admission.

AGE AT FIRST ADMISSION TO HOSPITAL

With the exception of 14 patients, the ages at which patients had first been admitted to hospital were obtained, and percentage distributions by type of hospital are given in Table X.

Almost 40% of the patients at hospital A had first become in-patients when aged between 25 and 44 years, and 29% when aged between 45 and 64 years. The corresponding proportions for patients attending the other large hospitals were 17% and 30%, and 27% of these patients had been 65 years of age or over at first admission.

The distribution for patients attending the small hospitals differed in that larger proportions were under 25 years or between 25 and 44 years. This finding, of course, is consistent with the younger age distribution of the patients attending the small hospitals.

LENGTH OF PREVIOUS DAY-HOSPITAL ATTENDANCE

BY TYPE OF HOSPITAL Table XI shows that in the large hospitals one-third of the patients had been attending for less than six months, one-fifth for between six months and a year, and 46% for a year or more (including 15% for more than three years). Only 29% of patients at hospital A had attended for less than six months as compared with 42% at other large hospitals; and 51% of hospital A patients had been attending for one year or more compared with 39% of patients at other large hospitals.

The majority of patients at the small hospitals (87%) had been attending for less than six months, and none for more than a year.

For both large and small hospitals there were no marked differences between the distributions for the sexes.

BY AGE Table XII shows the distributions of duration of previous day-hospital treatment for several age groups. The majority of both men and women under 25 years of age had been attending for less than six months, whereas only 44% of men and 49% of women aged 25 to 44 years fall into this

TABLE XI
LENGTH OF DAY-HOSPITAL ATTENDANCE BEFORE
CENSUS DATE BY HOSPITAL (per cent)

Type of Hospital	Length of Attendance				Total
	< 6 mth	- 1 yr	- 2 yr	2 yr & over	
	<i>Males</i>				
Hospital A	33.6	20.1	17.4	28.8	99.9 (149)
Other large hospitals	37.8	21.6	16.2	24.3	99.9 (74)
All large hospitals	34.9	20.6	17.0	27.4	99.9 (223)
Small hospitals	85.2	14.8	—	—	100.0 (27)
All hospitals	40.4	20.0	15.2	24.4	100.0 (250)*
	<i>Females</i>				
Hospital A	24.7	20.9	24.7	29.6	99.9 (186)
Other large hospitals	43.7	18.6	17.9	19.8	100.0 (167)
All large hospitals	33.7	19.8	21.5	24.9	99.9 (353)
Small hospitals	89.1	10.8	—	—	99.9 (37)
All hospitals	38.9	19.0	19.5	22.6	100.0 (390)†
	<i>Both sexes</i>				
Hospital A	28.6	20.6	21.5	29.3	100.0 (335)
Other large hospitals	41.9	19.5	17.4	21.2	100.0 (241)
All large hospitals	34.2	20.1	19.8	25.9	100.0 (576)
Small hospitals	87.5	12.5	—	—	100.0 (64)
All hospitals	39.5	19.4	17.8	23.3	100.0 (640)‡

*5 patients not known
†2 patients not known
‡7 patients not known

TABLE XII
LENGTH OF DAY-HOSPITAL ATTENDANCE BEFORE
CENSUS DATE BY AGE (per cent)

Age Group	Length of Attendance				Total
	< 6 mth	- 1 yr	- 2 yr	2 yr & over	
	<i>Males</i>				
< 25	64.3	17.8	7.1	10.7	99.9 (28)
25-44	43.7	17.5	20.0	18.7	99.9 (80)
45-64	28.3	21.2	15.1	35.8	99.9 (99)
65 and over	47.6	23.8	11.9	16.7	100.0 (42)
All ages	40.6	20.1	15.2	24.0	99.9 (299)*
	<i>Females</i>				
< 25	83.3	11.1	5.5	—	99.9 (18)
25-44	48.6	22.2	9.7	19.4	99.9 (72)
45-64	32.4	15.5	23.2	28.9	100.0 (142)
65 and over	34.8	21.3	22.6	21.2	99.9 (155)
All ages	38.7	18.9	19.6	22.7	99.9 (387)†
	<i>Both sexes</i>				
< 25	71.7	15.2	6.5	6.5	99.9 (46)
25-44	46.0	19.7	15.1	19.1	99.9 (152)
45-64	30.7	17.8	19.9	31.5	99.9 (241)
65 and over	37.6	21.8	20.3	20.3	100.0 (197)
All ages	39.5	19.3	17.9	23.3	100.0 (636)‡

*6 patients not known
†5 patients not known
‡11 patients not known

length of attendance category. Of patients in this age group, 19% had been attending for two years or more. Smaller proportions (28% for men and 32% for women) of patients in the next age group had been attending for less than six months; about half the patients had been attending for one year or more and 36% of men and 29% of women had been attending for two years or more. Few men aged 65 and over, but one-fifth of elderly women, had been attending for two years or over, and there is a noteworthy difference in the proportion of elderly men and women attending for one year or over—29% and 44% respectively.

BY DIAGNOSIS It can be seen from Table XIII that patients diagnosed as suffering from affective disorder or schizophrenia made a major contribution to the long-stay population. Among the schizophrenic patients, 56% of men and 49% of women had been attending for one year or more; there is a greater difference between the proportions attending for two years or more—35% and 21% respectively. A quarter of the men and nearly half the women with affective disorders had been

attending for one year or more, and 18% and 27% respectively for two years or longer. Only 21 men and 62 women were suffering from a senile psychosis and one-fifth of these had been attending for two years or more.

DISCUSSION

During the census week 647 patients were receiving psychiatric day-care, the great majority of these at the four large hospitals. In all hospitals women outnumbered men by three to two.

In the large hospitals, a large proportion of the women were elderly, while the men tended to be young or middle-aged. Schizophrenia was the most frequent diagnosis and affective disorder the second. More of the men were diagnosed as schizophrenic, and more of the women as having affective disorder.

By contrast, in the small hospitals, the patients were younger, three-quarters of them being under 45 years of age. Affective disorder was the most frequent

diagnosis, while neurosis and personality disorder were next in order of frequency.

The preponderance of schizophrenic patients in the large hospitals is not unexpected. This applies particularly to hospital A, which had more than half of the total day-patient population, largely as a result of an active policy of discharging chronic schizophrenic patients into the community. Similarly, the excess of elderly women, a feature of large psychiatric hospitals, is probably accentuated by the special interest in psychogeriatrics at hospital B. The relative youthfulness of day-patients at the smaller hospitals is also probably a function of selection, as younger patients are usually considered most likely to benefit from group therapy and other types of treatment offered in these units (Sethna and Harrington, 1971).

A common feature of both large and small hospitals is that the proportion of single patients was well above expectation. This again may be determined by selection. A patient with no spouse may have a greater need for a supportive community and may be more at liberty to participate in day-patient programmes through having fewer domestic ties.

More than three-quarters of the day-patients at hospital A, and three-fifths of those at the other large hospitals, were referred directly from in-patient care. These day-hospitals are, therefore, caring mainly for patients who would otherwise remain in hospital. Furthermore, more than a quarter of the patients so referred to the day-hospital at hospital A had been in-patients for one year or longer; the comparable proportion of the other large hospitals was 8%. These may well have been chronic patients whose status had changed in so far as they were now sleeping outside the hospital. About two-thirds of this subgroup (in-patients for one year or longer) were under 65 years of age; such patients are likely to make continuing demands on psychiatric services in the future.

Of patients attending the small hospitals, half were referred from in-patient care and none of these patients had been in-patients for one year. In-patient care is here less likely to be an indication of serious illness than a reflection of the social circumstances of the patients, and often patients are admitted to these hospitals to give an opportunity for all members of the staff to decide whether or not a patient is likely to benefit from the treatment available and, if so, to try to formulate a concerted therapeutic approach to the patients. It should be mentioned that two of the small hospitals have policies of limiting the length of stay of in-patients.

A further indication of the gross psychiatric

TABLE XIII
LENGTH OF DAY HOSPITAL ATTENDANCE BEFORE
CENSUS DATE BY DIAGNOSIS (per cent)

Diagnosis	Length of Attendance				Total
	< 6 mth	-1 yr	-2 yr	2 yr & over	
	<i>Males</i>				
Senile psychosis	42.9	19.0	19.0	19.0	99.9 (21)
Schizophrenia	33.3	10.8	20.7	35.1	99.9 (111)
Affective disorders	50.0	23.2	8.9	17.8	99.9 (56)
Neurosis	69.2	23.1	7.7	—	100.0 (13)
Other	36.2	38.2	8.5	17.0	99.9 (47)
All diagnoses	40.3	20.2	14.9	24.6	100.0 (248)*
	<i>Females</i>				
Senile psychosis	45.2	22.6	12.9	19.3	100.0 (62)
Schizophrenia	32.2	18.6	27.9	21.2	99.9 (118)
Affective disorders	36.4	17.5	18.9	27.3	100.1 (143)
Neurosis	60.0	20.0	5.0	15.0	100.0 (20)
Other	45.2	19.0	14.3	21.4	99.9 (42)
All diagnoses	38.7	19.0	19.5	22.9	100.1 (385)†
	<i>Both sexes</i>				
Senile psychosis	44.6	21.7	14.4	19.2	99.9 (83)
Schizophrenia	32.8	14.8	24.4	27.9	99.9 (229)
Affective disorders	40.2	19.1	16.1	24.6	100.0 (199)
Neurosis	63.6	21.2	6.1	9.1	100.0 (33)
Other	40.4	29.2	11.2	19.1	99.9 (89)
All diagnoses	39.6	19.5	17.2	23.7	100.0 (629)‡

*7 patients not known
†7 patients not known
‡14 patients not known

disabilities of many patients attending the day-units at the large hospitals is provided by the finding that only a small proportion of day-patients had not been in-patients at some time before day-care, and that more than one-third had had more than two admissions. There is considerable evidence, therefore, that these units are caring for patients with long-term histories of mental illness, many of whom would be in-patients if day-care were not available.

When the length of day attendance before the census week is considered, half of the patients at hospital A and two-fifths of the patients at the other large hospitals had been attending for one year or longer. None of the patients at the small hospitals had been attending for as long as a year and only 12% for six months or more.

Clearly, psychiatric day-patients in the City of Birmingham fall into two groups, those who attend the large traditional hospitals and those attending small units. This distinction has wider and more far-reaching implications than a difference of location. The day-patient population of the large hospitals, by contrast with that of the small hospitals:

- (1) was substantially older;
- (2) contained a larger proportion of single and widowed patients;
- (3) carried a greater morbidity as measured by the number of previous in-patient admissions and length of previous in-patient and out-patient care;
- (4) included more than five times as many patients suffering from schizophrenia, and all those with senile psychoses; and
- (5) included all the patients who were long-term (more than one year).

Furthermore, the gross disparity between these two populations is accentuated by the difference in the milieu in which they are treated. The day-care in the traditional psychiatric hospitals, often taking place in old and ill-suited accommodation, is handi-

capped by overcrowding and under-staffing. By contrast, the small units are modern, well staffed at most levels, and often purpose-built.

SUMMARY

A census was taken of all patients attending the seven psychiatric day facilities in the City of Birmingham. These day-patients were examined in respect of their demographic characteristics and previous psychiatric histories. Two markedly different populations emerged: almost half the day-patients at the traditional hospitals had attended for one year or longer, more than half had histories of multiple admissions, and the same proportion had psychiatric illnesses with poor prognosis; those at the small units were mainly short-stay patients (less than six months) suffering from affective illness, neurosis or personality disorder.

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