



Psychiatric scandals at home and abroad

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Editorial

Psychiatric scandals at home and abroad

In 1989, with a fine piece of long overdue investigative journalism, John Merritt brought to widespread attention the scandalous standards of care in the psychiatric hospital on the Greek island of Leros (1). Since then there have been visits by British health professionals and published criticisms of the services for some chronically mentally ill people throughout Greece (2,3). These articles usually contain advice on reform of the mental health care system and Ramsay (1990) has maintained that "foreign advisers provide an added impetus, but overall responsibility remains in Greek hands".

I have always been puzzled about what these foreign advisers actually say to Greek doctors, nurses, psychologists, administrators and politicians during their visits. Do they, for example, point out that patients should not be allowed to go naked, as was happening in one ward in Leros? Perhaps they urge local professionals to avoid prolonged hospital stays by improving extramural services and encouraging community acceptance and support of chronically psychotic patients. But there seems little point in this since Greek mental health workers are just as aware of these issues as their British counterparts.

British psychiatrists have criticised services in other countries, usually those with very serious economic problems (4,5,6). For example, Radhakrishnan (1991) has described, in an article that is blunt to the point of rudeness, appalling conditions in Romanian mental hospitals. Rogers & Brown (1990), writing in *The Lancet*, were critical of some of the facilities, clinical practices and

research work in psychiatric hospitals in Leningrad.

In my opinion, British health workers should stop publishing such comments on psychiatric services overseas. Their articles are usually very undiplomatic and must be hurtful to the doctors, nurses and others who have often acted as their hosts. There is another, more important reason. In 1989, the *British Medical Journal* published an investigation entitled "Hypernatraemic dehydration in patients in a large hospital for the mentally handicapped" (7). The authors were general physicians and clinical biochemists from Scotland. Their main findings were as follows.

- 1) In 1986, 10 patients with hypernatraemic dehydration (sodium level >150 mmol/l) were admitted to a general hospital from a nearby mental handicap hospital. Four of them died of intercurrent infection.
- 2) In that year the state of hydration of randomly selected patients from this large mental handicap hospital was inferior to that of similarly disabled people in a smaller, adequately staffed hospital. The hydration of those in the small hospital was the same as that of healthy controls.
- 3) In the large hospital 76% of the subjects who required help with feeding were underweight (body mass index below 20). This cannot be solely attributed to prolonged inactivity and muscle atrophy as only 44% of similarly dependent patients in the smaller hospital were underweight. Further observations have confirmed inadequate calorie intakes because of the difficulty in feeding highly dependent patients when staffing is inadequate.
- 4) Ten patients with very severe hypernatraemic dehydration (defined as sodium levels >170 mmol/l) were identified by the hospital labo-

ratory during 1986. Four came from the large mental handicap hospital (which had 979 patients), three from a neighbouring psychiatric hospital (765 patients) and only three were from the rest of the catchment area population (estimated at 210,000).

Since these findings refer to a teaching hospital in one of the world's richest countries they are as bad as anything that has recently been reported from Greece, Russia or Romania. However MacDonald et al's scientific paper, which is also a comment on mental health services by "outsiders", is very different from the articles of travelling British psychiatrists and psychologists. The improvements that arose directly from their research are described in the same paper and the authors have continued to work closely with the hospital's staff and Health Board managers. Most importantly, they have made it absolutely clear that responsibility for this state of affairs "lies with a series of previous senior NHS managements and not with the hospital's nursing and medical staff, who have been struggling for years with grossly inadequate resources".

Inadequate services for some chronically mentally ill and handicapped people due to unjust distribution of resources can be found throughout the United Kingdom. My own experience of colluding with unacceptable standards of care occurred when, like so many other British psychiatrists (8), I briefly tacked some rehabilitation work onto the end of my training. I was a Locum Consultant in charge of a grossly understaffed "rehabilitation" ward which was accurately described by one of the chronic patients as "disgusting". I had never imagined in almost 20 years as a medical student and doctor that such conditions could exist in the British National Health Service and I remain convinced that the patients would have had a more dignified

life if they had joined the ranks of Britain's homeless mentally ill people. This situation arose in spite of genuinely heroic efforts by an increasingly demoralised nursing staff. This ward has fortunately now closed (9).

Pursuit of psychiatric scandals by responsible journalists can, in the long term, only benefit patients and professionals in all countries. However, it is too easy for health care workers to comment on inadequate services which they encounter during foreign study tours. They would do better to stick to the difficult tasks of investigating, publicising and then trying to improve the numerous inadequacies of psychiatric care in their own country.

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