or putting the other case to the well-documented Esterson-Cooper-Laing-point of view?

R.F. I’m developing the feeling that we are seeing too much psychiatry on television. I think the pendulum has swung too far from it being a taboo subject never to be talked about, to the point where there is too much of it. I can see the point of view of publicists who want more money for psychiatric hospitals and services generally, because if you want money you’ve got to put your case to the public so that the public will pressurise the politicians which seems the only way that you can get anything done. Let’s face it, public disclosure and mass media scandals like Farleigh and Ely have forced the Department of Health to invest massively in the Health Services and thank goodness.

Having said that, I don’t particularly want the middle-of-the-roaders to bang their drum but what the mass media are doing in polarizing us, artificially maybe, obliges us to bang it. Maybe we have been too preoccupied with setting up the Royal College of Psychiatry to take all this seriously. Maybe when the Royal College is properly functioning and everybody knows what they’re at then psychiatrists will take more interest in publicity and their public image. It doesn’t help anybody to portray a false picture of the situation; it’s the patient who will suffer in the end, and that’s a pity.
At Leavesden Hospital for the mentally handicapped, men and women, children and babies, are living in a family unit, experiencing something of the life we take for granted—the ups and downs, the give and take.

If you’ve spent all your seventy years in a hospital for the mentally handicapped, the chances are you won’t have seen a young face very often (except for nurses) or ever held a child in your arms; the likelihood of having a steady boyfriend or girlfriend if you’re a 20-year-old mongol living in hospital is remote; and if you’re a two-year-old whose home is a ward for mentally handicapped children the odds on someone being there to cuddle you when you’re crying are very long – the nurses are usually too pressed to spare the time when they’ve got 30 or 40 other children all needing attention.

Until quite recently, traditional patterns of care in hospitals for the mentally handicapped meant that
people not only spent their lives continuously separated from members of the opposite sex, but also isolated from all people outside their own immediate age group. Children's wards, adolescent units, men's or women's wards, geriatric units, one after the other, with relentless inevitability, they catered for the 'seven ages' of man. In this kind of regime, words like family, aunt, uncle, granny and grandad are pretty meaningless.

The fashionable, slowly-evolving pattern of community care is now giving some people, who would otherwise spend their whole life in institutions, the chance to live in the community - in a so-called 'normal' environment, where they can experience something of the rewards (and frustrations) of everyday life with which the rest of the community is familiar.

Spending some time among patients in a hospital for the mentally handicapped is a good way of reminding ourselves how much we sometimes take for granted in our lives - the loving care of adults in our childhood, the pleasures of close friendships with both sexes, the sensation of needing and being needed by those around us. But it is obviously not possible to find niches in the community immediately for all the 6,000 people now in hospitals for the mentally handicapped. Resources for immediate provisions in the community just aren't available so we must come to terms with the existing situation and see how we can best operate, how best to use limited resources.

Leavesden, a 2,000-bed hospital for the mentally handicapped near Watford, is trying to overcome some of these isolating effects of an institutional regime by introducing family grouping on two wards. In 1965 Dr. Jack Bavin, the hospital's deputy superintendent, suggested mixing patients of different age groups and mixing the sexes. His first move was to place a multi-handicapped baby on one of the women's wards.

The response was immediate. Here was a baby who needed watching over, who needed comforting and cuddling when she cried ... and here were women whose lives were almost entirely empty; now they were being given the chance to respond to a very real need set down in their midst.

The dovetailing of needs seems so obvious that one is forced to wonder why we have allowed ourselves for so long to remain swayed by the prejudices of people who unquestioningly asserted that putting children on adult wards was somehow 'unsuitable'.

Rebecca, who is at home all day, can keep an ear open for any of the babies crying.
This severely handicapped child, thought to be incapable of even the most simple responses, gradually began to react to the care and attention she was receiving – care which would have been impossible on a children's ward with perhaps one nurse or auxiliary for every 10-15 children.

After this tentative start, the next step was a unit which would house younger and older men and women, boys, girls and babies.

In 1970 twenty-five women and children moved into Godetia ward. This old-style, 50-bed ward has been divided into living and sleeping areas. The sleeping area has two or three beds in each 'cubicle', there are attractive net curtains at the windows, and individual wardrobe and dressing-table space for ornaments, photos, and other personal possessions. The other half of the ward has dining space and areas with armchairs and settees, and television.

As soon as the women and children had settled in, Foxglove ward – linked to Godetia by a balcony – was ready to accommodate the male patients who were to complete the family unit. With the women and children the criteria for selection had been roughly those with an I.Q. of 50 or above and a reasonable standard of social behaviour; it was thought they would have the best chance of responding to the challenge and stimulation of a 'family' situation. When it came to the men, selection by staff was hardly necessary – friends of patients on Godetia were already requesting transfers to Foxglove!

It is not just the very young and the old who have benefitted. Relationships have formed between younger men and women on the unit which, in turn, has resulted in generally improved behaviour; not only this but patients have begun to care about their clothes and appearance and about their surroundings.

The family unit can be most easily compared with a traditional tribal group – somewhat looser than our Western urban society with its small, enclosed nuclear families. From Monday to Friday the adults, except for the elderly, are out at work and the children are at school. This leaves the 'grannies' to care for the three youngest children – two 2-year-olds and a 4-year-old.

At weekends they split into 'families' – consisting of perhaps two or three young or middle-aged men and women, one older person and one or two children. In these family groups they go out for walks, to the shops in Watford or the village. Of course, some patients have always been able to do this but there was less chance of getting out of the hospital before if you were either 'getting on' or very young, because escorts had to be found.

A large hospital like Leavesden can seem very
The hospital corridors are endless and empty, there are hardly any doctors, no therapists, no social workers. But going on to a ‘family unit’ is like entering a different world altogether. Some groups are getting ready to go out, discussing whether to go into the village or to Watford; the children are playing with their toys; babies are being cuddled; couples are sitting quietly together – scenes which are typical of many families’ Saturday afternoons at home.

In any family, different members have different contributions to make and different needs to be fulfilled – not only on an emotional plane but also in very practical terms. Two-year-old Jennifer, in common with many handicapped babies, finds swallowing difficult and even getting milk down her is quite an achievement. No nurse on a children’s ward could possibly hope to be completely free for the hour or so Jennifer needs for feeding. But Kathleen has the time, she is ‘at home’ all day and she has the calmness and the patience which so often comes with old age. She will sit with Jennifer on her knee, cuddled to her, carefully and patiently feeding her and giving her sips of milk for just as long as it takes.

It is through situations such as these that a natural pattern of caring is evolving. In the more usual hospital situation staff are caring for, are doing for – somehow the patient is always on the receiving end, their own opportunities to participate in caring are so few. Yet this is an artificial state of affairs when compared with the lives of the vast majority of people outside the hospital walls. We all have opportunities to show concern, to be the giver, but there are also times when it is we who are cared for, we who receive. On the family unit patients have the chance to participate more fully, both to give and to receive, to live in a more ‘real’ setting. The caring is, if you like, a caring with rather than for.

Of course any caring has its disadvantages; in the family unit it can mean being woken several times a night if the baby in your room is restless; it can mean getting up in the night to help change a dirty nappy. But this is inevitable if the theory is that patients should lead a truly normal life? To deny the minuses and only allow the pluses would be to deny much of the ‘normality’ which is aimed for in the family unit.

Perhaps one of the greatest advantages for the smallest children on Godetia unit is the continuity of care they receive from the adults. In the normal course of events, four-year-old Mandy would be
Coming over to have your meals with the women means getting roped in for the washing up sometimes!

woken, washed and changed by one nurse, possibly given breakfast by another nurse, lunch by a third nurse and put to bed by yet another nurse. Apart from this, one nurse who might take a special interest in Mandy could be transferred to another ward or leave the hospital altogether. Research has shown us the effect on normal children of being cared for in early years by anyone other than the mother or one stable mother-substitute. On Godetia unit it will be the same adult who cares for Mandy from when she wakes to bedtime.

The children probably benefit most from living in a family type of environment, particularly from the practical point of view of social behaviour. Placed on a ward with 40 other children and three nurses they are lucky if they learn much – they may even unlearn skills picked up at home before admission.

To be able to cut up and butter your own bread is hardly a great feat but if, like Lesley, you've always been on a children's ward where the bread comes ready-buttered and pre-cut, it's something you haven't had to do before. It is clear that children learn best when they are mixing with adults, not only because they learn by example but also because they learn that certain forms of behaviour are more acceptable than others and more likely to win the approval and affection which they seek.

Naturally, as with any large group of people living together, there are going to be times of tension and difficulty. Some people may withdraw from the group into isolation, some may never fully become an integrated part of it but isn't life like that anyway? We all sometimes opt out and we, at other times, choose to be involved in social activity. The main thing surely is that we have the freedom, the opportunity, to choose? And on Foxglove and Godetia wards people are free to make the choice; whether to eat with the women and children or stay with the men; whether to play with the children or sit quietly and read the paper.

For all of us life has its ups and downs – its black spells as well as its sunny spells. This is what the family unit is really all about. It is giving people the chance to experience the black and the white – not just the single, unmitigated tone of grey which so often characterises life on the wards of our large hospitals for the mentally handicapped.

* A similar family unit to the one described in this article is in operation at St. Lawrence's Hospital, Caterham.