

# Let's stop being careless in the community

My aunt was happiest when, in her final weeks, she enjoyed

the institutional care and routine of her local hospital

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**M**y aunt Elisabeth died last week. She was 6ft tall and had stunning red hair, wore purple tweed and galoshes. She sent me birthday presents she had found on skips, picked wild daffodils and grew vegetables on her husband's grave.

An extraordinarily clever child, head girl of her school and a teacher, she became bi-polar as an adult. She met my uncle in a mental institution. He was another gentle, generous giant, who suffered from schizophrenia. The handsome couple both disliked being incarcerated, although my uncle discovered the art room and she loved the library. They married the day before I was born and I became her goddaughter; they weren't allowed to have a family of their own — a great sadness to them, as both were wonderful with children.

They were two of the first subjects in an experiments of an early form of care in the community when they moved to a small terraced house in

the 1970s. He painted and was a gardener, and my granny used to drive Elisabeth, my sister, and me around the countryside in a Wolseley as she sang at the top of her voice, she was ebullient, irreverent, irrepressible, thoughtful and kind. But even with medication, the responsibilities of day-to-day life were often too much. She would spend hours boiling pigs' heads to make brawn while my uncle would retreat to a commune of Franciscan monks. Having been diagnosed after volunteering to go down the mines during the war, he never talked about some of the medical procedures — such as electric shock treatment — that he suffered.

Staff must understand them as people rather than as problems

When he died, my aunt soldiered on alone, but for a dog and a parrot. Another aunt and uncle and her brother often visited but she was deeply lonely and sometimes confused. After she pulled a toy gun on one of a myriad overworked care workers in an attempt to be listened to, she was shunned. Neighbours were terrified of her. She retreated to an armchair, sometimes eating her dog's food and booking cruises she

could never go on — which her solicitous solicitor would then cancel.

I feel I failed her but the country is also letting down those with mental illnesses. We are embarrassed to talk about the most vulnerable; we stigmatise and recoil from them, stereotyping them as violent and aggressive or stupid. We are no longer prejudiced about gender, race or the physically disabled, but the mentally ill are still ostracised. Those with schizophrenia, depression, dementia, Alzheimer's or autism are still seen as outside society, shunned for being different and refused jobs.

When Nick Clegg launched his Mental Health Action Plan this week, too many of us were more interested in what he would do about his errant peer, Lord Rennard. Ed Miliband's declaration that mental health is "the biggest unaddressed health challenge of our age" has been ignored. The Prime Minister has said countries must come together to tackle dementia. Yet none of the parties has pressed the issue. It's not an election winner.

My aunt didn't want to be institutionalised but she wanted, as we all do, institutions that could help her, contact with others, chatter, involvement and purpose to her day. Her happiest moments in recent years were the last four weeks she spent in hospital at Christmas, sharing her chocolates with nurses

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and enjoying the routine of the ward. I was brought up near an old red-brick Victorian mental asylum. The patients came to have their hair cut in the town and went for walks along the river. We took cleaning jobs there in our teens and I watched them learning woodwork, helping to cook the dinner, playing basketball and staging pantomimes.

Mental asylums have been castigated as “nut-houses” but many

## The Netherlands has highly successful dementia villages

had become sophisticated and for some they were a refuge. Care in the community hasn't worked any better. Now, according to the Centre for Mental Health, up to a quarter of those in prison are mentally ill, incarcerated in far more inappropriate surroundings. Nick Hardwick, the Chief Inspector of Prisons, once told me: “We turn a blind eye to the torture of the mad by the bad.” They are far more likely to harm themselves than hurt others.

Exhausted families find it impossible to cope with disturbed adults 24 hours a day. Neither the NHS nor overstretched social services can keep up with demand for mental health provision. The

elderly with dementia or Alzheimer's are often shoved into failing care homes because popular retirement homes won't accept potential troublemakers. The life expectancy of a man with severe mental illness is reduced by 20 years on average, and that of a woman by 15 years.

We need a more compassionate approach, whereby those with mental illnesses can visit day centres or live in residential communities but also have opportunities to engage with the wider world, with staff who understand and appreciate them as people rather than as problems or prisoners. In the Netherlands they have highly successful dementia villages.

We also need to change our attitudes. In America, films such as *The Silence of the Lambs* and *One Flew Over the Cuckoo's Nest* have been replaced by *Homeland* and a heroine, Carrie Mathison, who is bipolar. We must follow their lead.

There is no cheap way to look after the mentally ill. In prison they cost £50,000 a year, in hospital even more. Leaving them to languish on their own is unacceptable and often puts the onus on police to clope with their problems. Creating caring, dedicated communities for these vulnerable fellow citizens should become a national priority. We have had Sure Start — we now need Sure Mind and Sure Finish.