Social implications

- The prevalence of mental illness among homeless people is high
- The prevalence of schizophrenia among residents of hostels in Edinburgh was lower in 1992 (9%) than in 1966 (25%) despite the 66% reduction in non-geriatric psychiatric beds over the same period
- The policy of community care and reduction in numbers of psychiatric beds need not lead to an increase in the prevalence of schizophrenia in homeless people in hostels
- The prevalence of schizophrenia among homeless people remains much higher than in the general population

however, the total number of non-geriatric adult psychiatric hospital beds has decreased by 66% between 1966 and 1992 (information and statistics division, NHS in Scotland Common Services Agency, personal communication). Our findings therefore suggest that despite a substantial reduction in the number of psychiatric beds the prevalence of schizophrenia among the homeless resident in hostels has not increased. Low rates of homelessness among discharged long stay patients in other parts of the United Kingdom provides some evidence that this finding also applies elsewhere.[21-23]

The lower prevalence of schizophrenia in the 1992 sample may be explained by developments in the provision of health services to homeless people in Edinburgh. In particular, primary care services dedicated to such people have been provided firstly through a "house doctor" scheme[24] and subsequently through a general practice based in the skin clinic (premises originally built as a deinfestation centre and now used as a health centre) in the Grassmarket. Since about 1980 there has also been a psychiatric clinic dedicated to meeting the needs of homeless mentally ill patients held at a site close to the Grassmarket. This is currently held every two weeks and is staffed by a psychiatrist of senior registrar grade, a community psychiatric nurse, and a mental health outreach worker. Improved access to health services may also therefore explain the increase in the proportion of subjects reporting psychiatric contact in the 1992 sample.

Schizophrenic subjects, particularly those who are homeless, are often itinerant. The fairly low prevalence of schizophrenia among the 1992 population may be explained by an increased rate of migration of such subjects from Edinburgh to other parts of the United Kingdom, particularly London.

The prevalence of schizophrenia in 1992 was higher than the lifetime prevalence among the general population, which is generally accepted to be in the range 0·5%-2%.[25] Few hostel workers have formal training in caring for people with such disorders, although recently training programmes have been started. Contact with psychiatric services need not necessarily imply that health needs are being met appropriately. Hogg and Marshall found that despite a specialised general practitioner service and weekly visits from a psychiatric registrar there was still considerable unmet need as measured by the needs for care schedule of the Medical Research Council.[26,27] Comprehensive, intensive, and multidisciplinary systems of care incorporating outreach intervention and a wide range of housing options and dedicated to meeting the needs of mentally ill people who are homeless have been advocated.[28]

We thank Mr Andrew McAleavy and all the hostel staff for their help and cooperation; Dr David Owen and his colleagues at University Department of Psychiatry in Leeds for their assistance with the training for the present state examination; Mr Roger Black and Mr Philip Johnson of the information and statistics division of the NHS in Scotland Common Services Agency for statistical advice and figures relating to provision of psychiatric beds in Scotland; and Dr John Duffy of the Alcohol Research Group, Edinburgh University, for statistical advice. We are indebted to Ms Valerie Philips and Mrs Freda Black of the computer services unit of Lothian Health Board for providing data from the Lothian psychiatric case register; Mrs Brenda Thomas for secretarial assistance; and the staff of Jericho House, who kindly provided us with office space during the study. This study was supported by a grant from the Scottish Home and Health Department.

1 Scott J. Homelessness and mental illness. *Br J Psychiatry* 1993;162:313-24.
2 Weller MPI. Mental illness—who cares? *Nature* 1989;339:249-52.
3 Leff J. All the homeless people—where do they all come from? *BMJ* 1993;306:669-70.
4 Priest RG. The Edinburgh homeless: a psychiatric survey. *Am J Psychother* 1971;25:194-213.
5 Patch IC. Homeless men: a London survey. *Proceedings of the Royal Society of Medicine* 1970;63:437-41.
6 Foulds GA, Hope K. *Manual of the symptom-sign inventory*. London: University of London Press, 1968.
7 Marshall M. Collected and neglected: are Oxford hostels for the homeless filling up with disabled patients? *BMJ* 1989;299:706-9.
8 Marshall EJ, Reed JL. Psychiatric morbidity in homeless women. *Br J Psychiatry* 1992;160:761-8.
9 Armitage P, Berry G. *Statistical methods in medical research*. Oxford: Blackwell Scientific Publications, 1987:183.
10 Wing JK, Cooper JE, Sartorius N. *The measurement and classification of psychiatric symptoms*. London: Cambridge University Press, 1974.
11 Wing JK, Nixon JM, Mann SA, Leff JP. Reliability of the PSE (ninth edition) used in a population study. *Psychol Med* 1977;7:505-16.
12 Sturt E, Bebbington P, Hurry J, Tennant C. The Present State Examination used by interviewers from a survey agency: report from the MRC Camberwell Community Survey. *Psychol Med* 1981;11:185-92.
13 American Psychiatric Association. *Diagnostic and statistical manual of mental disorders, third edition, revised (DSM-III-R)*. Washington, DC: American Psychiatric Association, 1987.
14 Statistics and Epidemiological Research Corporation. *EGRET: epidemiological graphics, estimation and testing*. Seattle, Washington: SERC, 1991.
15 Rossi PH. The old homeless and the new homeless in historical perspective. *American Psychologist* 1990;45:954-9.
16 Hopper K. Homelessness old and new: the matter of definition. *Housing Policy Debate* 1991;2:757-813.
17 Timms PW, Fry AH. Homelessness and mental illness. *Health Trends* 1989;21:70-1.
18 Koegel P, Burnam A, Farr RK. The prevalence of specific psychiatric disorders among homeless individuals in the inner city of Los Angeles. *Arch Gen Psychiatry* 1988;45:1085-92.
19 Breakey WR, Fischer PJ, Kramer M, Nestadt G, Romanoski AJ, Ross A, *et al*. Health and mental health problems of homeless men and women in Baltimore. *JAMA* 1989;262:1352-7.
20 Pullen I. Hunting the gowk?—psychiatric community care in Scotland. *BMJ* 1993;306:710-2.
21 Dayson D. Crime, vagrancy, death and readmission of the long term mentally ill during their first year of local reprovision. *Br J Psychiatry* 1993;suppl 19:43-7.
22 Johnstone EC. The disabilities and circumstances of schizophrenic patients—a follow up study. *Br J Psychiatry* 1991;suppl 13:5-46.
23 Double DB, Wong T. What has happened to patients from long-stay wards? *Psychiatric Bulletin* 1991;15:735-6.
24 Powell PV. A "house doctor" scheme for primary health care for the single homeless in Edinburgh. *J R Coll Gen Pract* 1987;37:444-7.
25 Kendell RE. Schizophrenia. In: Kendell RE, Zealley AK, eds. *Companion to psychiatric studies*. Edinburgh: Churchill Livingstone, 1988.
26 Hogg LI, Marshall M. Can we measure need in the homeless mentally ill? Using the MRC needs for care assessment in hostels for the homeless. *Psychol Med* 1992;22:1027-34.
27 Brewin CR, Wing JK, Mangen SP, Brugha TS, MacCarthy B. Principles and practice of measuring needs in the long term mentally ill: the MRC needs for care assessment. *Psychol Med* 1987;17:971-81.
28 Dennis DL, Levine IS, Osher FC. The physical and mental health status of homeless adults. *Housing Policy Debate* 1991;2:815-35.

(Accepted 23 November 1993)

Corrections

Osteoarthritis of weight bearing joints of lower limbs in former élite male athletes

A printer's error occurred in this paper by Urho M Kujala and others (22 January, pp 231-4). The penultimate sentence of the third pargraph of the discussion should have read: "Some cases of osteoarthritis of the knee [not hip] may be prevented by preservative treatment of meniscal injuries. . . ."

Risk of gynaecomastia associated with cimetidine, omeprazole, and other antiulcer drugs

An authors' error occurred in this paper by Luis Alberto García Rodríguez and Hershel Jick (19 February, pp 503-6). Line 8 of the Discussion section should read, "16 [not 15] went on to develop gynaecomastia."ASS