

consultant staffing levels and the function of the consultant in the community rather than his function in the hospital. In chapter 2 (entitled 'Aims of the Mental Handicap Hospital') the section devoted to the hospital as a source of specialist help (2.5) makes no specific mention of the role and the contribution of medical staff to patient care.

No-one reading the paragraph on epilepsy (6.4.4—page 65) could possibly imagine that the hospitals are staffed by specialist doctors who are always available and who, by the nature of their specialty, ought to be skilled in dealing with epilepsy in all its manifestations. Furthermore, the discussion on specialist needs (page 66) introduces a confusing dualism by allocating physical care of the handicapped patients to general practitioners. The fact that the mentally handicapped in hospital are referred to throughout the Report as 'residents' and not as 'patients' acquires an ominous connotation in the light of these omissions.

I cannot let go unchallenged the statement that 'We suspect that one of the factors contributing to the continued poor performance of some Regions in recruiting scarce specialist staff may be a reflection of an excessive hospital bias in the service as a whole'. My own conviction (and I have been recently involved fairly actively with the problems of recruitment of consultants) is that the situation is just the reverse. It is the attempt to destroy the large hospital and replace it by small units in the community in which good clinical work becomes almost impossible that makes the present service in mental handicap so unattractive to keen and interested clinicians. It cannot be denied that these small units are unable to provide the facilities that are necessary in modern hospitals for carrying out high quality clinical work; they are too small to create a stimulating living environment for patients and are almost impossible to staff adequately by specialists without inflating enormously the cost of care. Furthermore, senior staff responsible for a number of such diminutive units tend to spend more of their time in their cars than with patients. Recruitment is also affected negatively by the low morale existing in the specialty due to the continual attacks on the role of medicine not only by the voluntary bodies but also by the National Development Group and the DHSS. The concept of the multidisciplinary team is eroding the position of the consultant.

Again, in spite of Professor Mittler's protestations, problems of research do not appear to rate enough importance in the eyes of the Report to deserve even a sub-heading—to say nothing of a full chapter. The Report quotes, apparently with approval, Mrs Castle's statement that there is a 'yawning gulf between our knowledge of the possibilities of ameliorating mental handicap and what is done in practice' (7.13). I submit that our knowledge is grossly inadequate and that research, in both the biological and medical aspects as well as into the organization of care, is still badly needed.

Since my views tend to be misrepresented, may I make a short statement of them? I believe that the clinician's

concern should be with the needs of the mentally handicapped rather than with their rights. These needs can only be established by investigation and research concerned with establishing facts and not slanted towards preconceived ideas of optimal modes of care. Once the needs are established, the type of service best suited to satisfy those needs can be formulated. These patterns of care should then be evaluated by careful pilot studies. I recognize that my belief that adult mentally handicapped people need the help of a supportive environment and the benefits of a wide area of social integration provided by a large hospital is not much more valid than others' belief in the benefit of community care. The acid test of the correctness of our theories is experiment founded on meticulous research methodology. If such an attitude were accepted, we would hear less of the quasi self-evident verities we find in the Jay Report and in the present Report, and less dogmatic statements of the benefits of community care and the disadvantages of institutionalization. It is continually forgotten that the Command Paper on 'Better Services for the Mentally Handicapped' made tentative suggestions and explicitly stated that considerable experimentation and research are necessary before final patterns of care are adopted.

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[This correspondence is now closed—Editor.]

The Worcester Development Project

DEAR SIR,

It is remarkably unfortunate that Dr Early (*Bulletin*, November 1979) takes such a negative view of the Report of the Symposium on Chronic Mental Illness (DHSS Worcester Development Project) and of the Worcester Project itself. Among other things he states that Dr Hassall 'did not consider the old long-stay patients nor those with cumulative chronicity'. This is incorrect. The patients described in Dr Hassall's paper were those on the case register who had become long-term since 1973. This, by definition, excludes the old long-stay, who represent in the main a very different group that is not being replaced. An example of the service use of a particular example of a patient falling into the category 'cumulative chronic' is shown on page 32 of the Report (Fig 11). The problems and importance of monitoring such cases are also considered in the last three paragraphs of page 26.

As Dr Early questions the statement that the complex network of services is almost complete, it must be put on record that apart from the two DGH units (in-patient and day hospital accommodation), the two local authority day

centres and the short stay hostel, the following additional service elements have since been brought into use: Malvern Day Hospital (February 1979); Evesham Day Hospital (March 1979); Droitwich Day Centre (May 1979); and the Kidderminster Day Centre (June 1979). Clearly, therefore, these facilities were nearing completion at the end of 1978.

Finally, it is to be doubted (optimism or not!) whether many who are concerned with the Worcester Development Project, either users of the facilities or those professionally involved would agree that the Project is 'apparently a poor return for 11 years work and for a vast expenditure of money'.

In any event, those who wish to find out what the Worcester Development Project is really all about and what the Report actually said can obtain copies from the DHSS, Mental Health Division A, Room C401, Alexander Fleming House, Elephant and Castle, London, SE1 6BY.

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Cuts in the NHS

The following letter has been received from the Secretary of State in reply to that addressed to him by the President and referred to in the issue for December 1979, p 188.

DEAR PROFESSOR POND,

Thank you for your letter of 9 November about possible reductions in psychiatric services.

This Government has consistently promised to maintain spending on the National Health Service at previously

planned levels, and expenditure on the NHS next year will see a 3 per cent increase in real terms over the latest estimates for this year. However, in the current year our cash limit inheritance has caused some interim problems, and although we have given the health service as much protection as possible, some areas will find it hard to live within their limits and they may need to rationalize their services if economies cannot be made in other ways. The distribution of NHS resources locally is primarily a matter for Health Authorities, but I have indicated that I regard mental health as a national priority. The Government stands where the previous Government stood on policy development for mental illness and mental handicap services and firmly endorses the view of the 1971 and 1975 White Papers that we should aim for locally based integrated patterns of health and social services.

The Government expects that local authorities too will make their necessary savings in ways that as far as possible will protect the most vulnerable groups, and this includes the very frail elderly, the seriously disabled both physically and mentally, and children at risk.

My answer to your final paragraph is this: insofar as it is for me to make decisions about the distribution of NHS resources, I do want mental illness and mental handicap to continue to rate as priorities, even in a period of retrenchment.

Yours sincerely

PATRICK JENKIN
Secretary of State

Department of Health and Social Security

Forthcoming Events

The third term of the **MRCPsych Basic Science Course** began on 22 January and will run until 25 March 1980. Details: Secretary to Dr Weller, Charing Cross Hospital Medical School, 24 St. Dunstan's Road, London W6.

A one-day symposium on '**Psychiatry in the General Hospital**' will be held on 25 April 1980 at St James's University Hospital. Further details and application forms: Dr M. Y. Jardine, Department of Psychiatry, Clinical Services Building, St James's University Hospital, Leeds.

The fifth **Winnicott Conference** on 'Can Human Relationships Survive in Education?' will be held at Bedford College, London NW1. Details available from Mrs Joyce Coles, 1 Anne Mount, 44 Madeley Road, Ealing, London W5 2LU.

The newly-formed **British Association for the Study and Prevention of Child Abuse and Neglect (BASPCAN)** will hold a one-day discussion on 'The Boundaries of Child Abuse' at the Imperial College of Science and Technology, South

Kensington, on 12 March 1980. Information available from John Pickett, Honorary Secretary, 30 Bankfield Lane, Norden, Rochdale, OL11 5RS.

A three-day residential training course entitled '**Learning from Experience in Therapeutic Community Living**', organized by the Association of Therapeutic Communities, will take place from 25 to 27 April 1980. Designed for members and students who work in therapeutic communities. Details and application forms from: Graeme Farquharson, Henderson Hospital, 2 Homeland Drive, Sutton, Surrey SM2 5LT.

An intensive course in **Forensic Psychiatry** will be held under the auspices of Birmingham University Midland Centre for Forensic Psychiatry from 24 to 27 March 1980. Residential, and some non-residential, places available. Further details: Professor R. Bluglass, Forensic Psychiatry, All Saints Hospital, Birmingham B18 5SD.