women who work part time to provide an important part of the service. Is the College prepared to risk losing these women? The risk is real.

May I suggest either:

(a) Professional medical insurance is rated according to risk (psychiatrists are a low risk group); or (b) fees are related to time at work. (Those who work half time are surely half as likely to be sued as those who work full time).

It is normal practice amongst employers to pay their employees' professional insurance. Nurses' insurance is paid for them but not doctors'. Surely an iniquitous situation.

Finally the College could itself set an example of understanding for its women members and lower our current annual membership fee. Modelling is, after all, a potent method of altering behaviour.

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Psychiatric services for the mentally handicapped

DEAR SIRS

I welcome the article 'Psychiatric Services for Mentally Handicapped Adults and Young People' (*Bulletin*, November 1986, **10**, 321–322). Although it is slightly delayed, nevertheless, I hope that it will clarify the confused planning that has been occurring at both District and Regional levels.

In the past, it was assumed that all mentally handicapped people (irrespective of their mental disturbances and behavioural disorders) could be resettled in small group homes supervised by community teams and that all mental handicap hospitals could be closed, thereby saving millions of pounds. In practice, however, this has proved impossible and not to be in the best interests of mentally handicapped people. Re-admission to hospital has occurred in many cases, to the bemusement of the planners, thereby indicating a fault in their policy and bringing about a great wastage of money.

This article recognises the need for base hospital facilities in each Health District where it will be possible to provide a 'specialised psychiatric service for mentally handicapped people' as and when necessary. It has been estimated that 0.25 beds per 1,000 populace would be required for each District.

There has been a dichotomy in planning between the DHSS and the Royal College of Psychiatrists which has resulted in tremendous confusion at Regional and District levels which has impeded resettlement programmes. I only hope that the DHSS will now accept the practicality of the Royal College of Psychiatrists' planning and issue an urgent directive to planners at Regional and District levels to modify their plans for psychiatric services for mentally handicapped people as suggested in the article.

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Prescription charges

DEAR SIRS

We believe that the present system of prescription charges works to the disadvantage of many psychiatric patients and that pressure from professional and patient groups should be applied to effect immediate changes.

First, it is prudent clinical practice to provide potentially suicidal patients with short-term prescriptions, perhaps lasting only a few days. But each one must be paid for: there is a financial cost to thoughts of self-harm.

Second, there are many patients who require an additional drug to counteract the side-effects of their original prescription, e.g. anticholinergics with major tranquillisers. In effect they pay double because of the inadequacy of the first treatment. The same can be said of those who require two separate drugs to treat one disorder or those whose drug is rapidly switched because of lack of effect or unacceptable toxicity.

Third, there are some patients, such as those taking lithium, who require long-term maintenance therapy but who, unlike diabetics requiring insulin, must pay throughout their treatment.

The fact that a number of psychiatric patients are unable to find work and are consequently exempt from prescription payments should not obscure the unjust treatment of the others. Nor should our concentration on these specific failings imply support for the charge system in general: it is illogical in practice and inhumane in concept. Nevertheless there is no sign of its abolition. Clinicians must demand, therefore, that it operates fairly and push for necessary changes.

We suggest that the Royal College of Psychiatrists should request a revision of the payment system establishing (1) payment per course of treatment, irrespective of the number of drugs used and antidotes required or how frequently they must be dispensed because of, for example, a patient's suicidal urges; (2) exemption from payment of any patient on maintenance therapy, whether lithium, neuroleptics or antidepressants.

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Closure of large mental hospitals

DEAR SIRS

The closing down of the large mental hospitals is resulting in the fragmentation of psychiatric service into small units on district general hospital sites, or stuck out on their own. While this has obvious advantages for patients and relatives not having to travel very far, it does have adverse implications for junior psychiatrists working in these units. They will be finding themselves working mainly with other disciplines with very little chance of day to day peer contact, with the eventual loss of the very important process of peer learning.