Health Care for the Single Homeless: Report of a Medical Services Study Day

Scottish Council for the Single Homeless, 4 Old Assembly Close, Edinburgh EH1 1QX. Price 60p.

The single homeless man, otherwise known as tramp, vagrant or NFA, continues to stick out like a sore thumb. He is unwelcome at the hospital and the GP will not register him. The high morbidity in this group, both physical and mental, has been clearly demonstrated (e.g. Priest 1976, 1978) and the way they are received at present must aggravate the pathology.

Readers of the *Journal* will be most interested in the description by Dr Bruce Ritson of the results of a controlled trial of a detoxification centre in Edinburgh. There is talk of providing more of these centres and his report makes fascinating reading which will be of great value for any of us who face the prospect of one opening in our own neck of the woods. Men arrested for drunkenness were allocated at random to detoxification or the police cell. The results were encouraging. 'Six months after the end of the project the group that had been attending for detoxification had again 26% fewer court appearances than the other group.' (p 38). However, with the numbers used (39 actually admitted) this disappointingly does not reach statistical significance. The brief admission, averaging two or three days, 'gave the social worker and others in the team an opportunity to look closely at the needs of the individual and help him make decisions about his future life. Sadly, having made a realistic appraisal of his future needs it is often difficult to find a suitable placement.'

Dr Ritson also comments that the opening of a special hostel for this population in the second year of the project was a great help. Social workers who have been employed in this setting then have an important role 'as an advocate for the needs of the homeless alcoholic'.

Much of the rest of the document concerns the physical health of the homeless man. A serious problem is the difficulty he finds in getting GP care. Some ways of overcoming this difficulty are described.

Many psychiatrists who are concerned with the single homeless population will be tempted to part with 60p for the chance of reading recent Scottish thought on the subject. They will find a readable account with some interesting ideas on which to ponder—and maybe even to implement.

R. G. Priest

References

Priest, R. G. (1976). 'The homeless person and the psychiatric services: An Edinburgh Survey'. *British Journal of Psychiatry*, 128, 128-136.

—— (1978). 'The epidemiology of mental illness: Illustrations from the single homeless population'. *Psychiatric Journal of University of Ottawa*, *III*, 27-32.

CORRESPONDENCE

OVERSEAS TRAINEES

Dear Sir,

We were very interested to read John Cox's description (*Bulletin* April, 1979, page 72) of the large number of overseas trainees in Scotland and of their uneven distribution between teaching and non-teaching hospitals. We agree that this is a problem that must be faced and not dismissed on the basis that there will be far fewer overseas trainees in the future.

We are, however, appalled that this author finds a more detailed appraisal of this situation necessary 'as the high failure rate in the College Membership examination for overseas psychiatrists is documented'. When will this important group of trainees be recognized in their own right rather than as a group of 'failures' in relation to the College exam? As Dr Cox points out, they are so important that whole hospitals would have to close through lack of junior staff but for their presence.

Dr Cox's experience that even with similar training the overseas psychiatrists perform less well at examinations must be interpreted with great care. Weiss and Davis (1) demonstrated that by the end of three years training foreign medical graduates can catch up their US counterparts in certain areas of competence. When the groups are subdivided into 'successes' and 'failures' a small 'FMG success' group could equal or surpass the indigenous success group on most measures. Even the FMG 'failure' group tended to do better than the American

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'failure' group though admittedly the latter was small. This study represents the situation in one American training centre but nicely illustrates that by considering 'overseas trainees' as an homogeneous group one overlooks those who are at least as good as the best of the indigenous trainees. The whole group too easily becomes 'labelled' by its least competent members.

Even if Dr Cox's conclusion is correct one should not assume that the fault lies with the trainees; it might be the trainers who must adapt their teaching methods to find that most appropriate to this group of students. Experience at Manchester suggests that the use of videotapes has a special contribution in this field.

Perhaps the term 'overseas trainees' has outlived its usefulness. As a result of our APIT survey we are beginning to appreciate that overseas trainees in psychiatry come from many different countries, have different backgrounds and motivations and experience a variety of different problems in this country both personal and professional. Only when these trainees come to be appreciated as individuals with their own strengths and weaknesses does their real contribution to our services become apparent.

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REFERENCE

(1) Weiss J. and Davis D. *Psychological Medicine* 1977, 7 311-316.

PRESCRIPTION CHARGES

DEAR SIR,

One of my chronic schizophrenic out-patients, a civil servant, has pointed out to me that the steep rise in prescription charges must inevitably affect the compliance rates of patients receiving maintenance medication. When, some years ago, representations were made concerning this issue, one of the problems which then arose was that the stigma attached to chronic psychiatric disorder could be reinforced by the statement of diagnosis on the prescription form if exemption from charges were sought. Another problem was the doubt expressed by some psychiatrists on the value of maintenance medication.

Apart from the fact that the charges often impose an intolerable financial burden on the disadvantaged psychiatrically disabled patient, they must act as an additional deterrent to compliance. Furthermore, this discrimination against this category of patient as compared, e.g., with diabetics and epileptics is in itself stigmatizing. The College might, therefore, consider making representations on behalf of this group of patients.

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Surrey.

A similar letter from Dr R. K. Freudenberg appeared in the *Daily Telegraph* recently.

PSYCHIATRIC JOKES

DEAR SIR,

I am sure I am not alone in thinking that the lady referred to by Dr M. F. Hussain in the April issue of The *Bulletin* (p 68) and quoted from Freud's *Psychopathology of Everyday Life* meant exactly what she said, and what she meant was quite different from what Dr Hussain suggests.

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THE PRISON SERVICE INQUIRY

DEAR SIR,

I must protest about the College's evidence as put out in the *Bulletin* of May, 1979.

The point had been missed that joint appointments failed because neither the NHS and the Prison Service provided sufficient resources. The reasons given in the College's evidence were secondary to this.

The draft evidence quite fails to mention visiting psychotherapists (whose title it is proposed to change to visiting psychiatrists). It fails to appreciate both the role of and the enormous contribution made by visiting psychotherapists in the Prison Medical Service. If no visiting psychotherapist was on the group drawing up the College's evidence, then the College was in serious error.

It ill becomes those of us who work in the NHS to suggest that it is only medical services catering for separate minority groups that are giving a poor standard of care!

I find it difficult to read several paragraphs as other than being an attack on the reputation of our

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