handicapped persons, whether they require psychiatric treatment or not.

That a consultant psychiatrist in mental handicap is legally responsible for the medical treatment he prescribes, as with other specialists is not denied. But I do not think a consultant can be held legally responsible for the non-medical services which are provided by other agencies.

It is common practice for individual consultants from time to time to develop interests in particular aspects of handicap. This is in keeping with practice in all other professions, both medical and non-medical, and many will find themselves in demand because they have acquired this experience in treatment and management in specific areas. However, it would be wrong to insist that every consultant should be a specialist in all the associated subjects and be totally responsible for every sphere simply because the patient is mentally handicapped.

I am very much aware that opinion is divided on the role of the specialist in mental handicap in the profession itself, while some are of opinion that it is an unnecessary medical specialty. The latter view can only be the outcome of ignorance, of lack of contact with the mentally handicapped and their families, or of the naïve assumption that other professionals will assume responsibility for psychiatric services to them—an opinion which would seem to be based on an emotional approach rather than a serious attempt to provide services that are required. But the psychiatrist specializing in mental handicap must now re-appraise his role in a careful and unprejudiced way. Above all, we must avoid expending time and energy in defending the right of the consultant to adhere to a largely out-dated and irrelevant role while neglecting to define clearly the real and essential functions of the psychiatrist in mental handicap.

# REPORTS AND PAMPHLETS

**WHO Working Group on the Future of Mental Hospitals (WHO).**

This is a summary of the discussions of a Working Group of twenty experts from thirteen countries, including psychiatrists, public health administrators and others participating in the mental health field. A comprehensive final report is promised later which will identify the participants and the countries from which they emanate.

The Report refers to two WHO publications—the Conference on Comprehensive Psychiatric Services and the Community (1972) and the Working Group on Psychiatry and Primary Medical Care (1973). One wonders how widely these have been circulated and how much they have influenced current opinion.

The Report comments on the shift of emphasis in responsibility for the provision of psychiatric services from hospital to the community and describes all participating countries as developing comprehensive mental health services. 'The mental hospital may no longer have a pivotal role in the provision of these services', says the Report, but many of the countries concerned may not have mental hospital beds in significant numbers. The care of long-stay patients, elderly people who are infirm and others who require some form of sheltered living are to be dealt with outside the mental hospital in 'residential care or some other facility', but apart from this now commonplace exhortation there is no concrete suggestion as to what these facilities are to be or how they are to be provided.

The emphasis on primary care fails to note specifically what training and supervision will be necessary to ensure that 'far more tasks for the mentally ill could be carried out by primary care workers'.

The section entitled 'The Changing Role of the Mental Hospital' extols advantages accruing to the mental hospitals from having 'their administration decentralized'; these have not always been obvious to staff and patients. Transfer of management from local to central government was the main advantage conferred by the National Health Service Act (1946) on mental hospitals in the United Kingdom, and a reversal of this policy will not have any of the benefits suggested. The statement that 'a properly integrated mental health system . . . does not exist in any European country' should add strength to the plea for pilot studies to be carried out rather than attempting to 'solve' problems by Departmental decree. The Report states that financial obstacles, professional conservatism, public resistance and bureaucratic rigidity slow the process of change and delay hospital closure. Professional conservatism in the United Kingdom (where the private practitioners are not a powerful body) must be the least important of these.

The Group makes ten recommendations. They concern the integration of hospital treatment with other care systems, the avoidance of building new mental hospitals remote from the areas they serve, the establishment of a comprehensive range of hospital activities, the undesirability of admitting to hospital if this can be avoided, the freedom of movement within the services with the minimum of restriction, the right to refuse treatment, the involving of the primary care team and the provision of community accommodation (1, 2, 4, 5, 6, 8). These aims, in general, represent the goals of psychiatrists in the United Kingdom.

The problems of the subnormality service are dismissed in one paragraph (3), which recommends education, treatment, rehabilitation or residential care 'appropriate to their handicaps' with admission to mental hospitals or psychiatric units when mentally sick or seriously behaviourally disturbed.

The future of the mental hospital warrants only two paragraphs (7, 9) enjoining that an active hospital rehabilitation programme should be linked with community facilities and explaining that 'there is a danger that staff in mental hospitals may become desocialized and demoralized', which should be countered by interests outside the hospital. This inadequate consideration is unlikely to reassure patients, doctors, nurses, psychologists, occupational therapists and others who currently provide 80 per cent of the psychiatric service.

Paragraph No. 10 recommends that University Clinics or psychiatric departments with teaching and research responsibilities should develop links with the service 'to maintain a high level of clinical practice'. This sort of blanket recommendation is likely to be questioned by those who have seen little interest by these departments in the care and treatment of patients with chronic illness.

The majority of United Kingdom consultants agree that the mental hospital as it exists at present could disappear, but few have confidence in current plans to replace it. This Summary Report will do nothing to change their views. Perhaps the comprehensive final report will be more hopeful or less disappointing.

D. F. Early

# CORRESPONDENCE

## THE ROYAL COMMISSION ON THE NHS

Dear Sir,

It was with the utmost dismay that I found on reading the College's 'Evidence to the Royal Commission on the NHS' (*News and Notes*, April 1977) that psychotherapy has been totally overlooked. Only on a careful re-reading did I discover that the memorandum does actually make a glancing reference to psychotherapy, albeit in parentheses. This cursory allusion is scarcely likely to be noticed by, let alone make an impact on, the members of the Commission.

The Royal Commission has asked for recommendations encompassing 'the likely developments in the next twenty or so years, as far as they can now be foreseen'. Does the College no longer consider the extension of the NHS's absurdly meagre psychotherapeutic services of importance in serving the mental health needs of the community? Does the College not remember its own memorandum 'Norms for Medical Staffing of a Psychotherapy Service' submitted to the Central Manpower Committee as recently as 1975 (*News and Notes*, October 1975) and does the College no longer recommend the large expansion of the psychotherapy services which that document proposed? As the Commission is still sitting, is there any way in which the College could act promptly to remedy this serious and extraordinary omission?

Vivienne Cohen

*St Bartholomew's Hospital,*
*London EC1*

## CONFIDENTIALITY

Dear Sir,

Professor Pond's letter (*News and Notes*, June 1977) expressed a viewpoint on this subject suitable to an idealistic world.

However, a new situation has arisen here in Northern Ireland during the past decade. It would indeed not alone be dangerous from a libellous point of view to record everything said by a patient, but in fact it could be dangerous to their lives or the lives of other people. It is a community where there is quite a variety of political and perhaps ideological outlooks ranging from the mild to the extreme in all sections of society, including people in the curing and caring services. It would certainly be foolish to