

Correspondence

Where are the resources needed the most?

DEAR SIRS

The article by Brough, Bouras and Watson, 'The Mental Health Advice Centre in Lewisham' (*Bulletin*, May 1983, 7, 82-84), is interesting and informative, but leaves—at least for me—a number of questions unanswered and raises some considerable concern for the future of such projects within the National Health Service. It mentions 'psychiatry's traditional concern with the treatment of psychosis', and suggests that 'radical changes in the organization and delivery of mental health services may be necessary' to meet increasing demands for community psychiatric facilities. This theme echoes that of the earlier paper by Brough and Watson (1977) where they describe 'gross deficiencies in both NHS and Local Authority provision for psychiatric services in the South East Thames Region. The problem is most serious for psychogeriatric patients whose numbers will undoubtedly increase substantially in the near and foreseeable future.'

Yet the solution this team has adopted, which they themselves admit may not be cheaper than a district general hospital unit, seems ill-matched to the problem as they have outlined it. We are told specifically that the Mental Health Advice Centre (MHAC) does not deal with elderly people, so it does not attempt to do anything about the problem Brough and Watson had described as the 'most serious' in 1977. Again, from their description of the activities of the 'multi-professional team' and its 'clients', it appears that they have little to do with functional psychosis either. Only 10 per cent of the patients seen by the MPT have functional psychoses. We are not informed if they see so many clients that this 10 per cent represents all of the functional psychotics presenting to the psychiatric service in Lewisham, or whether a large part of the psychotic patients presents to the psychiatric service in some other way, perhaps directly to the in-patient facilities outside of the catchment area. Similarly, the treatment modalities adopted by the MHAC show an obvious and unapologetic bias towards a psychotherapeutic approach, which is less likely to be relevant in the treatment of an acute schizophrenic episode or senile dementia.

It seems quite clear that the MHAC has reached out and taken under its wing a group of 'clients' that would not normally be seen in a strained and 'under-resourced' psychiatric service. It is probably doing so quite successfully and is earning the gratitude of its customers. I wonder, however, if the district is right to devote so much attention to a group of patients which, by comparison with the psychotics or the demented, is relatively little disabled.

Could we have an assurance from Brough, Bouras and Watson that the facilities, in-patient and out-patient, for the

treatment of other 'traditional' groups of psychiatric patients have been upgraded to at least a satisfactory standard before considerable, probably expensive, resources were diverted to the care of their young married women with transient situational disturbances and personality disorders.

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REFERENCE

BROUGH, D. I. & WATSON, J. P. (1977) Psychiatric facilities in an over-resourced NHS Region. *British Medical Journal*, ii, 905-6.

Confidential references

DEAR SIRS

Professor Sydney Brandon, in his comments (*Bulletin*, May 1983, 7, 91) on how to secure reliable references for psychiatric advisory appointments committees, could be answered by requesting confidential references from three more non-psychiatrist consultant referees, nominated by the candidates.

Reports from geriatricians, obstetricians, etc. would help to recommend the right person, especially if the other specialties would follow suit.

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The future of the consultant in psychiatry

DEAR SIRS

A paper with this title, drawn up by the President of the College, raises matters of extremely wide significance to the future practice of psychiatry. These include the degree of specialism within the profession, the possibility of limiting training to special centres and the question of assessing the competence of consultants. We understand that the distribution of this paper and collation of members' views on it have been left to the Divisions of the College. However, we find that many psychiatrists appear not to have seen this paper and/or not responded to the questions raised in it. We wonder whether, therefore, consultation through the Divisions is a satisfactory way of obtaining a valid impression of what psychiatrists in general think on important issues. It seems to us that very few psychiatrists participate in discussions within the Divisions, and it is therefore unlikely that reports from the Divisional Executive Committees would be representative of the views of the

membership in general; these reports are likely to influence the views of Council and thence determine the views given by the College to Health Authorities and employing authorities within the NHS.

It would seem to us extremely important that issues raised in the President's paper are discussed as widely and openly as possible before the College Council submits its official views on them. Perhaps consultation on the President's paper should be extended by circulating it to all members and inceptors directly, with some sort of balloting on specific matters. Additionally, the Divisions of Psychiatry within the cogwheel structure of the NHS should be invited to discuss the issues raised by the President and make recommendations on them to employing authorities.

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An historical section for the College?

DEAR SIRS

Dr B. H. Anstee's letter (*Bulletin*, May 1983, 7, 93) raises the important matter of maintaining archives, central and peripheral.

The late Dr Alexander Walk had an encyclopaedic knowledge and assisted local historians of psychiatry. His death has created a void, and there should be developed an active historical section in the College which can advise on local archives and preserve archives of its own.

Photographs and records should be carefully preserved. Attention should still be paid to the predecessors of the Mental Illness Hospital, the Private Asylum. An example is Bensham Hospital in Gateshead. This closed in about 1868. Some of its buildings are still extant and one is used as a shirt factory. It is likely that all traces of this establishment will be gone by the turn of the century. There was a physician there, Dr George Robinson, who published a book in 1858 called *The Prevention and Treatment of Nervous Disorders*, a veritable testament of Victorian Psychiatry. Also associated with this institution in its latter years was James Crichton Brown. He published three volumes of anecdotes under the

title of *Doctor's Thoughts*, which provides a vivid description of the late 19th and early 20th century professional life—much of it of interest to psychiatrists. Bensham Hospital is just one example of an institution which has historical associations above the level of curiosity. There must be many similar throughout the country that deserve recording.

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A College group for liaison psychiatry

DEAR SIRS

A year ago we proposed (*Bulletin*, August 1982, 6, 143) the formation of a new College Group for members interested in consultation and liaison in the medical and surgical units of general hospitals. There was an encouraging response to our letter and we held a successful preliminary meeting at the quarterly meeting of the College in Oxford. It was agreed that a working party should make plans for a one-day conference in London. We hope this will provide an opportunity for scientific papers and also discussion of the organization and aims of a new group.

There was considerable support in Oxford for a not-too-formal group for both general and child psychiatrists with a special clinical or academic interest in liaison psychiatry. Speakers stressed the need to work closely with other medical specialties and to avoid fragmentation within the profession. A number of major issues in clinical practice, teaching and research were suggested as subjects for discussion by the group.

Further details will be circulated as soon as possible. It will be helpful if any prospective member who has not so far indicated his interest, could write to the Convener of the working party, Dr Richard Mayou, at the address below.

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Quality of Life in Extended Care Wards

A one-day conference, arranged by the Royal College of Psychiatrists, the British Geriatric Society, the Health Advisory Service and the Royal College of Nursing of the United Kingdom, was held in March 1982. The proceedings have now been published, and a limited number of copies of

The Quality of Life in Extended Care Wards are available, free of charge, from the Administrative Secretary of the Section for the Psychiatry of Old Age at the College address (please include a 50p stamp to cover postage).