

Correspondence

Psychiatry—a new future

DEAR SIRs

Psychiatry today should be enjoying a renaissance and should be advancing towards new horizons. These are brave words and I believe they are true words, but such is the present state of affairs that many of my psychiatric colleagues will regard them as ridiculous.

How have we arrived at this paradox? Why, when we psychiatrists are so badly needed by society to serve and take the lead, do we dither and prognosticate and absorb ourselves in self-doubt and self-examination.

The Royal College of Psychiatrists was established with lofty ideals—its motto, 'Let Wisdom Guide', should say it all. Indeed, there is a real overdue need for guidance in psychiatry. But what has psychiatry achieved in the 70s and 80s? The asylums have been slimmed down and the discharged residents now live in the prisons, the Salvation Army hostels, in group homes or even in the streets (which have become mini-asylums). The actual asylum buildings exist, but now they are littered with blue plastic signs with neologisms such as 'Department of Liaison Psychiatry' or 'Psychogeriatric Unit', giving some sort of legality to the poor souls who are still resident.

How has the community reacted to its new role as carers for the mentally ill? Judging by the number of new hostels and support groups and the queue to be trained as mental nurses, occupational therapists, or even psychiatrists, we much conclude that the community has reacted with indifference.

One aspect of the Royal College of Psychiatrists' activity is the training of future psychiatrists. Much effort is given to improving training—assessing hospitals, accrediting tutors and trying to perfect a system so that anyone who chooses to be a trainee, unless he or she is mentally impaired (new term), cannot help but qualify. Medical students emerge with just as little idea of psychiatry as they ever had and most prospective doctors have the view, which is shared by the general public, that psychiatrists are mad, cut-off, or at best muddled in their approach. Patients are thought to either get worse or remain detained in an asylum whilst kept under massive doses of tranquillisers.

Meanwhile, back at the Ivory Tower, the academic side beavers on oblivious to this catastrophe. Large numbers of doctors, psychologists, social workers and nurses in excess of regional norms, and without any extra case-loads, remain aloof and busily count their distinctions according to the number of irrelevant research papers published per year. Can we get out of this mess?

Firstly, psychiatry must improve its image. More good psychiatrists must be willing to put over their ideas to the

public in the media, in the schools, in the community as a whole, but especially in medical schools. More tutors are needed, especially if taken from the ranks of actively clinically-involved peripheral psychiatrists and senior nurses, as well as other professionals. Also psychiatry must take up a larger share of the medical school curriculum to reflect its relative increase in importance and it could even be introduced to schools and colleges.

The top-heavy, overmanned university departments must be forced to expand their undoubted clinical talents towards the periphery, thus taking on a reasonable case-load. All psychiatrists must be involved at all levels, in teaching, treating and disseminating, as well as in meaningful research.

Central Government could help by closing all the asylums except the Special Hospitals, and destroying the blue plastic signs along with all the pseudo-specialties that have been invented.

If the College transferred its resources from improving tuition to encouraging recruitment then it would be pleasing to see some healthy, natural wastage so that an MRCPsych who is not 'consultant material' is a rarity.

Along with this re-education programme we could then set about slimming down the unwieldy College committees to representatives from the main specialties, i.e. Child Psychiatry and Subnormality, along with representatives from each geographical region, so that decision-making is that much easier.

Doubtless many will view the new psychiatry as reactionary, impudent or even insane. It seems to me though essential that this is the road along which we should move.

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Fiddling while Rome burns?

DEAR SIRs

I wonder when the College is to change its currently supine attitude to the dissolution of the large mental hospitals in the absence of any planned provision for after-care.

If those elected to represent the College—and by implication, the needs of the mentally ill—fail to give public warning of the impact of this policy, then perhaps we need to elect others who will.

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