Psychiatry and the private sector

DEAR SIRS

I wonder what "good deal" Desmond Kelly is addressing in his comments concerning psychiatry and the private sector (*Psychiatric Bulletin*, September 1989, **13**, 510). Of course it is possible to treat NHS and private patients in the same surroundings. Surely the issue which Dr Kelly refuses to address is that of why NHS patients cannot be treated within the NHS. It is indeed impressive that only one Camberwell patient absconded. It is adequate confirmation of the superior levels of resources possessed by the private sector hospitals. Should we be slapping the Priory Hospital on the back for being able to manage such patients? It is after all what a psychiatric hospital, in whatever sector, is supposed to do!

It is essential that we are not seduced by amusing anecdotes and respectable statistics into acceptance of the notion that basic NHS facilities can be reasonably provided by the private sector. That is an argument which can only undermine the continuing wellbeing of a comprehensive National Health Service. I am glad that the Priory Hospital provides a good service to patients and it is right for Desmond Kelly to be able to inform us of that fact. It is wrong that both he and the College are not addressing the inadequacy of service provision in Camberwell as the real priority.

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Section 117, Mental Health Act, 1983

DEAR SIRS

I am a catchment area psychiatrist. I normally transfer patients to another psychiatrist if I know they are leaving my catchment area. I accept other patients who are moving in. My patients tend to move about, round Birmingham and across the boundary into the Black Country. I was interested, therefore, in seeing what had happened to my Section 117 patients whom I had accumulated since 1983 to the present time.

Total number	42
Still in my catchment area	17
In day care with me	8
In my out-patient clinics	5
In my in-patient bed	1
Out of touch with NHS/Social Services	3
(Two have firmly rejected any kind of follow-up from me or social worker or community psychiatric nurse. One has Korsakov's psychosis and is resident in an old people's home)	
Number who have died	10
Died of natural causes	8
Suicides	2
(Of these, one was psychotic and a very heavy drinker, who had walked out of treatment and had not been seen for some time. The other had been transferred to another psychiatrist and was under treatment at the time of death.)	
Number who have been transferred to another psychiatrist by dint of moving home	15

Even keeping track of this small number of patients is difficult. My experience shows how mobile this group of patients is. The task of tracking down other patients who need long-term follow-up is just as daunting.

Should I consider employing the local Court Oak Road Irregulars, or should I now hold jumble sales in order to purchase the computer we cannot afford in order to keep everyone under surveillance?

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Health care buzz word generator

DEAR SIRS

I was interested to see Dr Platts' contribution (*Psychiatric Bulletin*, December 1989, **13**, 679).

Your readers may be interested to know that there exists a *Health Education Jargon Generator*, designed by Mike Church of the Scottish Health Education Unit, Edinburgh, and Aron Cronin, of the Health Education Council, London, with due acknowledgements to the *New Internationalist*.

This *Health Education Jargon Generator* was published in 1979, at the time of the 10th International Conference on Health Education. Copies are available from The Editor, *International Journal of Health Education*, 3 rue Voillier, CH-1207, Geneva, Switzerland.

The original Jargon Generator consists of three concentric dials, which you rotate freely to align the words written on them. Phrases that constitute a send-up of the language of Health Education are made up by taking words randomly, and in sequence, from the inner, middle and outer dials of the device, as follows:

Inner dial words	**Middle dial words**	**Outer dial words**
coordinated	decision-making	outcomes
programmed	planning	scenarios
systematic	issue-oriented	polarisation
fundamental	identified	attitudes
conventional	on-going	skills
pragmatic	conceptual	models

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