

LETTER TO THE EDITOR

Psychopolitics

Sir, - I wish to make some comments about Prof. Fahy's recent editorial¹. In it he discusses the delivery of psychiatric care against the background of certain Department of Health documents, viz - the 1984 *The Psychiatric Services - Planning for the Future* and the 1987 *Health - The Wider Dimensions*. As the Medical Protection Society and other organisations have recently reminded us, we have a legal obligation to voice our misgivings concerning services.

Prof Fahy quotes from "The Wider Dimensions": "the psychiatric services seem to have been centred on large institutions many of them dating back to the last century". The false impression is abroad that we doctors initiated the Asylum System². Equally false would be any notion that psychiatric practice or theory has just recently come under invasion from politicians or society in general^{2,3}. My own belief is that service provisions must be tailored to meet many categories of patient, varying from the short-term out-patient non-medical model-based management of grief-related distress, through the closed ward regimen for very disturbed psychotics, to the long-term institutional care of certain very disabled cases. I don't think that many psychiatrists will disagree with Prof. Fahy's statements to the effect that transitions out into the community are more likely to succeed when they are properly orchestrated and that this process should of necessity be a gradual and planned one.

Prof. Fahy reminds us that in Ireland there is an "absence of tradition in community co-operation in health care". The attitudes of society tend to be forgotten in these times of change. The beliefs and reactions of people in general and of relatives in particular must be understood and then influenced in the most imaginative and constructive ways. Relatives can be just as distressed by the discharge of a patient as by his or her admission.

Currently, with high levels of emigration, early retirement (of experienced workers), and shortage of funds,*we must not forget that community-based work involves much travel, the duplication of facilities, and more hands.

Prof. Fahy mentions the former role of the Medico-Social Research Board in the stimulation of research. Government-backing for research is so frugal that applications are unlikely to be worth the postage. What we badly need is a more fundamental understanding of what it is we are treating and

better ways of managing it. We know far more about correlations than about aetiology and vastly more about symptom control than about cure.

Prof. Fahy is concerned by the omission of detailed reference to alcoholism in "The Wider Dimensions". Alcohol wreaks havoc in home, industry and on our motorways. However, despite decades of published medical debate,⁴ the voice of revenue collectors still speaks louder than the call of the preventionists. Alcoholism hardly ever appears as a cause of death on certificates.

Prof. Fahy is "puzzled" by the absence of a consideration of suicide in the 1987 document. Whilst suicides may often suffer from mental anguish or illness the role of social variables, although featuring in the literature for a very long time⁵ are probably very underrated⁶. Government and society in general have a grave responsibility in the area of prophylaxis of suicide. Firstly we must abolish the stupid illegality surrounding suicide. Secondly we must acknowledge the social difficulties associated with suicide. Thirdly we must aim to alleviate these problems (such a unemployment) as rapidly as possible.

We live in a world of terminology rather than action based on any basic understanding. We are forced to create new terms to denote modern phenomena, such as "new chronic" and "transinstitutionalisation". In-patient populations are reduced and "revolving doors" take their place. No one wants a return to "Bedlam" but let us make sure that we address patients to the correct "Eden".

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References

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