

Correspondence

A source of some disquiet

DEAR SIRS

The Welsh Health Circular WHC(85)46 focusses on the changing role of the specialist mental handicap hospitals in Wales in the light of the All-Wales Strategy and requires of the 'Health Authorities, responsible for the Mental Handicap Hospitals, to prepare, in consultation with other Health Authorities, Social Service Authorities, the representatives of mentally handicapped people and their families, voluntary bodies and others with a part to play, proposals for the future of Hospitals/Units in the years 1993/94'.

It further states that 'The progressive reduction of long-term Hospital populations should be an integral part of such proposals, taking full account of the plans which have already been prepared to the development of community based services'.

To this end the document delineates five categories of people with mental handicap who may benefit from the specialist mental handicap Hospital provision in the shorter term (including the mentally handicapped mentally ill, the mentally handicapped who require care in conditions of greater than normal security, but whose needs fall short of the care provided in the maximum security Hospitals, the profoundly multiply handicapped people who require continuous medical and/or nursing supervision, and those requiring assessment or re-assessment, drug specialisation and rehabilitation).

It is envisaged (both implicitly and explicitly) in this Circular that with the growth in community services/provision, there will ensue the closure of the specialist Hospitals in mental handicap, with the absorption of the psychiatry of mental handicap into the generic services.

While the thrust of the Welsh Circular pays deference, in theory, to the principle of 'normalisation (while simultaneously discrediting the principle by ignoring the need for positive discrimination) it takes little cognisance of the view of the Royal College of Psychiatrists, and indeed throws down the gauntlet to the College by questioning the validity of the psychiatry of mental handicap being regarded as a specialty. The use of generic services (for those psychiatrically disturbed people with mental handicap) would constitute not only a challenge to the validity of the specialty, but would of necessity also have major implications for the future training of senior registrars in mental handicap.

If the primary role of the consultant psychiatrist in mental handicap is the provision of psychiatric care for the mentally handicapped and their families (as stipulated in *Mental Handicap Services: the Future*, approved by the Council in January 1983), it is imperative that the College consider this Welsh Circular and address the issues therein, in the light of current trends, to ensure an acceptable level of expertise be made available for those mentally handicapped

individuals in need of psychiatric care (for failure to do so would be to give legitimacy to the views expressed in this document—albeit by default).

R. V. BROWNE
 Chairman, Section of Subnormality,
 Welsh Division,
 Royal College of Psychiatrists

DEAR SIRS

The College is grateful to Dr Browne for drawing attention to this important circular which seems to have had little publicity outside the Principality. Of course there is much that is positive in it. Who could disagree with the goal of a comprehensive network of locally based services for mentally handicapped people and their families, the sensible acknowledgement of the continuing and increasingly specialised role of mental handicap hospitals, of the need to ensure that the same standards of care apply in hospitals as in the community and for positive planning and adequate resources to facilitate this.

However, the Section for the Psychiatry of Mental Handicap fully shares Dr Browne's concern about para 7(d) and 7(e) which imply that eventually the psychiatrically ill and behaviourally disturbed mentally handicapped can be catered for within the generic mental illness services. There is no evidence whatsoever to support this assumption which directly conflicts with the College's view that because of the unique features attending the occurrence, nature, diagnosis and treatment of psychiatric and behaviour disorders in mentally handicapped people a specialised psychiatric service is required, organised and staffed by appropriately trained and experienced doctors, nurses and other staff who have a wide knowledge of the general field of mental handicap.

This view is clearly stated in *Mental Handicap Services: The Future* (*Bulletin* 1983) and *Guidelines for Consultant Posts in the Psychiatry of Mental Handicap* (*Bulletin* 1985) and is implicit in recommendations for training of Senior Registrars in the psychiatry of mental handicap (Second Report JCHPT, 1985). It seems inconceivable in the light of these memoranda that the Welsh Office should have failed to consult the College before making such a policy statement. Can I assure Dr Browne that the Section, through the College, will indeed address the issues in the Welsh Circular and respond accordingly.

K. A. DAY
 Chairman, Section for the
 Psychiatry of Mental Handicap

REFERENCES

- ROYAL COLLEGE OF PSYCHIATRISTS (1983) *Mental Handicap Services: The Future*. *Bulletin of the Royal College of Psychiatrists*, 7, 131-134.
- ROYAL COLLEGE OF PSYCHIATRISTS (1985) *Guidelines for Regional Advisers on Consultant Psychiatrist Posts in Mental Handicap*. *Bulletin of the Royal College of Psychiatrists*, 9, 207-208.
- JOINT COMMITTEE ON HIGHER PSYCHIATRIC TRAINING (1985) *Handbook*, 54-59.