

Correspondence

THE SEEBOHM REPORT

DEAR SIR,

The negative reception given by the R.M.P.A., in its Memoranda in the May issue of your *Journal* (pages 605-11), to the Seebohm Report's proposals concerning social workers in local authority mental health departments is disturbing. As a psychiatric social worker and mental welfare officer I find the shortcomings of the social work services in the community very serious indeed. The fragmentation of social work between local authority departments is inefficient, resulting in gaps, neglect, and an absence of overall planning, policy, and accountability. The psychiatric patient in particular is the loser. The lack of community support for the mentally ill mother, the young schizophrenic, and the elderly person is grave. There are insufficient day nursery places, home helps, domiciliary services and suitable housing for the elderly, and hostels and workshops for the young mentally ill are often entirely absent. Cause and effect are masked—so that the fate of the young mother and her children, or of the elderly man or woman left in hospital does not immediately repercuss on the local authority departments which have failed to give adequate help.

If doctors want vigorous social policy for their patients they must have comprehensive planning and an active seeking out of need; and they are not going to get this until social workers can work together in one department. Training and standards (which have been hard fought for) are a vital concern to us, and I am glad that the R.M.P.A. shares our concern. It is doubtful that in a rush towards togetherness we will become interchangeable and lose all specialized function. But there is a lot that can be shared. While agreeing that the Report deals with Child Guidance Clinics in an ambiguous, controversial and at times sweeping fashion, it is difficult to envisage the new department functioning without C.G.C. social workers.

In establishing their social work identity, workers in the mental health services are not seeking to weaken their links with psychiatry and with the medical profession at large, but on the contrary to build on them and to improve their service to the mentally ill.

ANNE TANNER.

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DEAR SIR,

In reply to the letter from Miss Anne Tanner, the point at issue is, in fact, largely the question of specialization—whether the work within the psychiatric and mental health services is so specialized as to require a separate identity within these services; or whether generally trained social workers from a different department could develop this function to an effective professional level. The grounds for the Association's support of the first alternative are set out in the two Memoranda in some detail, and are incontrovertible in the context of the future of the psychiatric services. Merely to state the opposing view is not enough. This is an age of specialization, and it is unrealistic for social workers to believe that a generally trained worker responsible to a different department would be able to provide the special approach and wide medically-orientated erudition that the mental health social worker is already beginning to achieve.

Perhaps the most important feature, recommended by the Seebohm Committee and fully supported by the Association, is the overall review of the psychiatric services which is now being organized by the R.M.P.A. in association with the B.M.A. and the S.M.O.H. This must necessarily include a review of the whole medico-social field involved in mental health and hospital services, and will undoubtedly consider the many existing shortcomings of the present services to which Miss Tanner draws attention. But until this Working Party has been able to report, and until the new organization of the Medical Services is definitely settled, it would be most unwise to support the removal of the Social Work element from the medical services as they at present exist.

Whatever the final pattern proves to be, nothing can diminish the need for effective co-ordination of all the personal services, and no re-organization can magically produce all the buildings, the personnel and the money needed to meet existing mental health needs. The facilities are steadily expanding within the difficult conditions of the tripartite service. It is to be hoped that in any future deliberations, the Psychiatric Social Workers will reconsider their position, not merely by attempting to envisage a new Social Services Department, but rather by studying the manner in which comprehensive and integrated