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Correspondence

A hospital hostel saved from closure

DEAR SIRS

In view of recent concern about the plight of the long-term mentally ill and the future of continuing care beds, your readers may be interested to hear how a hospital hostel has been saved from closure.

When the Health and Community Care Act became law, our District Health Authority was required to make revenue cuts to achieve "a level playing field". The management of the General Health Services Unit, of which our adult psychiatry service forms part, put forward a package which included among other things the closure of a geriatric ward for continuing care and of The Lodge, the latter being a ward in a house in a converted property on the edge of a hospital site, serving six new long-stay patients. These six places are the only long-stay beds in our district where vigorous community care policies have for many years been successful in resettling such patients and supporting them in the community. Were The Lodge to close, its residents would have to return to an acute ward on the District General Hospital site.

The Division of Psychiatry argued that, not withstanding the proposed transfer of lead responsibility for care of patients in the community to social services, a small number of patients would always need the security and professional expertise which is only available in directly managed NHS places, a need which is acknowledged in the White Paper *Caring for People* where it is described as "Asylum". We were tempted to preserve our hostel ward by converting it to a nursing home and devolving it to a quasi independent organisation so that patients could receive welfare benefits, but thought we should fight for the principle of maintaining at least a minimum number of continuing care NHS beds. In this, we were supported by the local Community Health Council and by the West Midlands Regional Advisory Team on psychiatric rehabilitation.

The District's decision to close The Lodge was upheld by the Regional Health Authority but, after considerable delay, was overturned by the Department of Health on the grounds that appropriate replacement provision had not yet been developed. Such replacement provision was not specified but the preservation of the existing hostel embodies the principle that at least some such provision may be the existence of directly managed NHS places. Recent communications from the Department commending the work of hospital hostels would appear to support this.

Our experiences suggest that it may well be worth resisting attempts at closure by local management who, while financially hard pressed, often have imperfect understanding of the needs of chronic psychiatric patients. The attitude of the Department now seems more supportive.

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Peer support for trainees

DEAR SIRS

Trainees in psychiatry are under numerous pressures. They have to cope with a wide spectrum of difficult illnesses, about which all too often very little is known, and towards which treatment strategies are extremely diverse. It is very seldom the case in psychiatry that patients can be readily slotted into a diagnostic category and administered a standard package of care. Thus, the relative certainty which pertains by-and-large in other areas of medical practice is not the case in our specialty. This makes the transition from medical schools (where undergraduates are part of an often cosily structured patriarchy) to the uncertainties of psychiatric practice all the more difficult.

The threat of violence from psychiatric patients is omnipresent, and often training in this area is inadequate, and appropriate support lacking. Trainees also have moral and practical difficulty with the management and treatment of patients who lack "insight" and have to be treated against their will.

Furthermore, trainees are constantly aware of the impending day of reckoning with the MRCPsych exam. They are under increasing pressure to do research and publish papers. This is particularly so since the introduction of *Achieving A Balance*, as research is construed as one of the major factors ensuring promotion from SHO to registrar. This, coupled with increasing competition for senior registrar and consultant posts, makes some degree of rivalry among trainees inevitable.

Thus, peer support is often sub-optimal and sometimes simply absent in training schemes. Individuals are at risk of being left to "sink or swim", and it is common for them not to know where to turn for help or advice. Psychiatric trainees in District General Hospitals, isolated from their medical colleagues, are especially vulnerable. The Collegiate Trainees Committee (CTC), through its members, is acutely