

**Mental Handicap: A Community Service.**

By Nick Bouras, Katie Drummond, David Brooks and Matt Laws. NUPRD, Lewisham Hospital, London SE13. 1988. Pp. 47. £5.00.

Community Mental Handicap Teams, initiated a decade ago by the National Development Team for Mental Handicap, have become a popular means whereby the health care skills of team members are made available to people with a mental handicap (or learning difficulties), living in the community. Such community teams have two main roles, firstly to make ordinary health care more easily available to people with a mental handicap and secondly, community teams offer specialist health care contributions from the many disciplines represented within the team. Much ordinary health care can be made accessible to the patient by advocacy, by education and training and by changing attitudes in ordinary health care services. However, some of the disorders are so complex and long standing that a specialist service is required.

The contribution of the psychiatrist in this team can be seen in both of its roles. He works closely with his generic psychiatric colleagues in the treatment of those with a mild mental handicap and mental illness and he may have equal user status in the general psychiatric unit. Those who are more handicapped and have challenging behaviours rather than mental illness are cared for in the service for people with severe mental impairment.

Prior to the development of community teams, health care resources were channelled mostly to the large long-stay hospitals but the track record for the delivery of health care was never good: many studies showed a poverty of primary care, health promotion and even psychiatric intervention. These individuals are now moving from their long-stay hospitals into the community and bringing with them not only years of inadequate health care but the damage that has been done by institutionalisation. It is these people, together with those who have never lived in institutions, that comprise the client group that the authors of this booklet work with today.

Many psychiatrists who work in such teams find themselves overwhelmed by the needs uncovered, that time is not set aside for evaluation by quality assurance or by monitoring. Dr Bouras and his colleagues from Guy's Hospital have created a community based psychiatry of mental handicap component within the multidisciplinary team in one health district of South East London and have taken the initiative, as outlined in this booklet, to share with us the first five years of the service.

The document analyses the referrals from the first five years of the team's work, presenting demographic, medical and sociological data and concentrating on the psychiatric need that was

uncovered. As expected, psychiatric illnesses were harder to identify than people with profound, severe or moderate mental handicap, while many mildly mentally handicapped people had easily recognisable psychiatric disorders. The point is correctly made that this is a study of individuals referred for help rather than an epidemiological study and so prevalence data are not available.

This survey is important for several reasons; it is probably the first of its kind to be made available to a wide audience; and attempt is made to provide objective data of the symptomatology of people with mental handicap and mental illness; the proposed model of care is clearly outlined before it is known whether it will be entirely successful or not, and finally, there is a multi-dimensional or multi-axial approach which should provide useful information for the multi-centre trial of multi-axial classification that is being co-ordinated at present by the College.

Increasingly within such a multidisciplinary team, a developmental model or, more exactly, a 'skills and needs' model is being used to ensure that all those who need help in their development have some form of assistance and that not all the resources are geared to crisis intervention. There may be some difficulty in integrating the problem solving approach from the psychiatrists and the developmental model as described above, but this is surely a challenge we must accept.

If more teams (including my own) were to set time aside for such an honest appraisal of the early years of a team, our knowledge of the psychiatric needs of those people with a mental handicap who have always lived in the community and those who are coming out of institutions to join them, would be a lot more substantial.

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DEAR GETHIN

Through the post this morning came the first issue of *South West Psychiatry* and, as you say in your editorial, one queries "the wisdom of embarking on yet another regular psychiatric publication." It can so easily be a depository for poorly informed misleading papers and minimally thought-out ideas, which simply boost the self-esteem of authors who see themselves in print. Well, we can always throw it in the bin. Yes, but it does a dis-service to psychiatry. I have seen it happening elsewhere – people making