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Correspondence

Letters for publication in the Correspondence columns should be addressed to:
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FACT AND FICTION IN THE CARE OF THE MENTALLY HANDICAPPED

DEAR SIR,

The following points appear relevant to Dr. Shapiro's plea for the reversal of policies set out in *Better Services for the Mentally Handicapped* (1) and for the unidisciplinary management and co-ordination of services by psychiatrists.

1. There are some 60,000 mentally handicapped people in hospital in England and Wales and more than twice that number living at home.

2. There are about 130 whole-time equivalent consultants in mental handicap in England and Wales.

3. On average, each consultant is involved in the setting, attaining and monitoring of goals for the 24-hour management of no fewer than 460 hospital patients. There is a similar number of severely handicapped people living at home. Even if the number of consultants were doubled, each consultant's case load would be more than 200 in hospital and 200 at home.

4. While there is evidence of organic pathology in the central nervous system of some mentally handicapped people (2) we are able to identify causes in only a small proportion (3) and to manipulate the organic variables identified (e.g. chromosomes) in still fewer.

5. The bulk of the 'management of life patterns' of mentally handicapped people is carried out by parents and other relatives, teachers, nurses, social workers and remedial therapists.

Dr. Shapiro acknowledges that 'a comprehensive, integrated service is essential to the provision of care under optimal conditions . . .'. Perhaps his objections could be resolved on this basis. The delivery of such a service will only be possible if individual goals are agreed jointly between all involved with each client. It is clear that teaching skills and the skills of organizing team work are likely to feature prominently.

It is unclear how the Mental Deficiency Section's recommendations, involving the creation of academic departments and professional chairs, more clinical research and clinical training, will hasten the advent of individual programmes and collaboration between professionals and relatives. Clarification would enable Dr. Shapiro's proposals to be judged against current policy.

Government targets for the implementation of the White Paper policies are very low, and recent cuts have impeded progress further. Unclear criticism in the absence of clear alternative proposals would appear likely only to weaken attempts to provide the resources required for comprehensive individual care of mentally handicapped people.

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DEAR SIR,

I fully agree with Dr. Kushlick and Mr. Blunden when they say that the present medical staffing of services for the mentally handicapped is grossly inadequate. I also agree when they suggest that it will be a long time before we shall be able to afford the luxury of adequate establishments; but this surely makes the pursuit of prevention (which can only be achieved by intensive research) and rational deployment of available resources all the more imperative. This is why I consider the present attempt to do away with the existing system of care to be as injudicious as it is short-sighted.

I am surprised that Dr. Kushlick limits the medical involvement to concern with organic causes, a strange profession of belief in a member of our College, and considers what is in effect social psychiatry to be only a 'matter for concern for parents, tutors, nurses, etc.'.